University of Alberta

Parent-Adolescent Acculturation Disparity, Social Support and Depression

by

Noorfarah Merali ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Doctor of Philosophy

in

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Dedication

I would like to dedicate this dissertation to my mother, Gulzar Merali, whose love has sustained me through all of life's misfortunes and challenges, and whose wisdom has humbled me in response to all of my successes and achievements. I would also like to dedicate this dissertation to the memory of my father, Firoz Merali.

Abstract

Incongruent degrees of acculturation among parents and adolescents from other countries may create competing behavioural demands for adolescents in the home and school contexts, reduce parents' perceived efficacy in transmitting their cultural heritage to their offspring, and decrease levels of family cohesion. Each of these conditions can contribute to the experience of stress; the construct of stress has been defined as a perceived inequity between situational demands and personal coping resources, which include self-efficacy and social support. Family acculturation disparity may also compromise the achievement of the stage-salient developmental tasks of identity formation and mastery of the childrearing process for adolescents and parents, respectively. Both stress and failure to accomplish stage-salient developmental tasks have been found to be related to negative mental health outcomes.

The purpose of the present study was to investigate the relationship between parent-adolescent acculturation disparity in terms of culture shedding and depression, taking into account individual acculturation status, extrafamilial social support, and demographic variables. The Beck Depression Inventory-II, a questionnaire about culture-shedding behaviours, a social support questionnaire, and a demographic questionnaire were administered to 50 Hispanic refugee parent-adolescent dyads. Refugees were selected for involvement in the study due to the high potential for family acculturation conflicts related to a heightened attachment to the country of origin among parents as a result of involuntary migration.

The results indicated that adolescents' individual acculturation status is positively related to the actual degree of family acculturation disparity whereas an inverse relationship was found among parents. Hispanic parents and adolescents significantly underestimated and overestimated the actual level of acculturation disparity in their families. Only their perceived degree of acculturation disparity was found to explain unique variance in depression scores, canceling out individual acculturation status. Perceived degree of parent-adolescent acculturation disparity was found to be significantly positively related to adolescents' depression scores and significantly negatively related to the depression scores of their parents. Demographic variables and social support scores were not found to contribute to the prediction of depression in this study. Implications for primary prevention and intervention are discussed.

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CHAPTER I

INTRODUCTION

Traditional approaches to the study of culture and psychopathology aimed to identify the unique aspects of particular cultural systems that promote distress, or that serve to immunize individuals against the development of psychological symptoms (Dohrenwend & Dohrenwend, 1974). According to these approaches, differences in the mental health status of members of cultural groups residing within pluralistic societies could be attributed to static beliefs and behaviours. Recently, culture has been reconceptualized as a dynamic construct, which undergoes change as a result of intergroup contact (Berry, 1997; Berry, Kim, Power, Young & Bujaki, 1989; Moghaddam & Studer, 1997; Okamura, 1981). This has served as an impetus for the integration of migration-induced cultural adaptation processes into conceptions of immigrant mental health (Rogler, Cortes, & Malgady, 1991).

The decision to migrate to a new country is based on two factors: (1) conditions such as war, famine, and/or torture in the country of origin, and (2) social and economic opportunities in other parts of the world (Palmer, 1975; Sluzki, 1979). The term "immigrant" encompasses both individuals whose migration was reactive and involuntary and those who proactively chose to relocate (Richmond, 1993). Members of the former group are often referred to as refugees. It should be noted that children whose parents independently initiated the move to a new country may also be involuntary immigrants. For both groups, the expectations of a better life may be tempered by difficulties adjusting to a novel sociocultural environment.

The challenges of integrating into a new cultural context have led many researchers to assume that immigrants have higher rates of depression and general psychopathology than their native-born counterparts. Empirical findings based on psychiatric inpatient samples have lended support to this hypothesis, whereas data obtained from community surveys has shown a reverse trend (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). This discrepancy has been attributed to immigrants' greater likelihood of conceptualizing mental health problems in physiological terms, and consequently, of presenting with mental health complaints in primary health care settings. The current consensus is that immigrants do not have higher rates of depression or other types of psychopathology than native-born individuals (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). Among adolescents, the point prevalence of depression is approximately 8.3 percent. The life time prevalence of depression is the same for adolescents and adults, that being 15 to 20 percent (Cicchetti & Toth, 1998).

The unique stresses associated with immigration may, however, place immigrants at risk for negative mental health outcomes through additive relationships with other types of life stress. Lay and Nguyen (1998) found that stresses specific to cultural integration explained unique variance in immigrants' depression scores when considered in combination with hassles and uplifts non-specific to the immigration experience. The cultural integration factors addressed in their study included second language learning, changes in family interaction patterns due to the adoption of Western norms, and experiences of racism and discrimination. Consistent with these findings, research on mental health problems among immigrants has invariably implicated post-migration adaptation stress (Aldwin & Greenberger, 1987; Berry & Kim, 1988; Gil, Vega, & Dimas, 1994; Kuo & Tsai, 1986; Pernice & Brook, 1996; Tran, Fitzpatrick, Berg, &Wright, 1996; Hovey & King, 1996; Vega, Kolody, & Vale, 1987). Studies focusing exclusively on refugees have obtained similar results; these studies have not found direct or strong relationships between the premigration experiences of refugees and their depression levels in resettlement (Kunz, 1981; Starr & Roberts, 1982; Westermeyer, Vang, & Neider, 1983). Using Structural Equation Modelling, Tran (1993) discovered that premigration stress affects depression and refugee adjustment indirectly by exacerbating acculturation strains. The objective of this chapter is to define the constructs of stress and acculturation, and to discuss the role of stress in precipitating and maintaining depressive symptoms. The chapter attempts to show how incongruent rates of acculturation among family members may act as a post-migration stressor which threatens the psychological well-being of immigrants. It concludes with the purpose of the study and an overview of the literature review, method, results, and discussion chapters of the dissertation.

Definition and Models of Stress

Stress has been defined as a multidimensional response to a perceived inequity between situational demands and personal coping resources (Hiebert, 1983, 1988; Lazarus & Folkman, 1984; Magnusson, 1982; Novaco, 1978). Personal coping resources encompass individual factors, including problem-solving skills, internal/external locus of control, and attributional style, as well as environmental factors, such as material assets and social support (Folkman, Schaeffer & Lazarus, 1979; Kuo & Tsai, 1986). The coping process is considered to be both conscious and intentional (Cramer, 2000). It has also recently been reconceptualized as a daily attempt to adjust to various situational demands and life circumstances as opposed to a dramatic adaptation to infrequently occurring negative or positive events (Tennen, Affleck, Armeli, & Carney, 2000).

Cognitive appraisal plays a central role in both initiating and shaping the experience of stress (Folkman & Moskowitz, 2000; Hiebert, 1988); extremely demanding situations may not be perceived as stressful by individuals who believe they can cope with them. If positive affect co-occurs with the experience of increased situational demands and they are viewed as a challenge to be overcome, negative health consequences are minimized (Folkman & Moskowitz, 2000). Conversely, low demand situations may elicit the stress response among individuals with low self-efficacy (Hiebert, 1988). In models of stress, perceived self-efficacy refers to the belief that one can handle his/her life situation or circumstances, regardless of the individual's actual level of ability in response to situational demands (Hiebert, 1988). Actual coping abilities and skills related to one's situation are already taken into account in the personal coping resources ratio. When there is a judgement of an imbalanced demand-coping resources ratio, cognitive processes guide the categorization and interpretation of one's reaction, which may be cognitive (e.g. worry), physiological (e.g. accelerated heart rate), affective (e.g. frustration), or a combination of the three. Subsequently, the nature of the stress experienced is communicated through overt behaviour (Hiebert, 1988; Lazarus & Folkman, 1984).

The process of interpreting and communicating the stress response has been found to be bound by both culture and social class. In Western culture, the stress response has been conceptualized as primarily affective, with somatic manifestations of stress being treated as secondary concomitants (Chang, 1985; Rogler, 1989; Weiss & Kleinman, 1988). Based on beliefs about health and illness and the perceived undesirability of psychological symptoms, distress is interpreted, experienced, and reported in somatic or spiritual terms in many non-Western cultures. Nevertheless, affective underpinnings still remain (Chang, 1985; Dohrenwend & Dohrenwend, 1974; Jablensky, Sartorius, Gulbinat, & Ernberg, 1981; Rogler, 1989; Sinclair, 1999).

Manifestations of distress may be different, however, among members of cultural groups residing within pluralistic contexts than among those living in indigenous societies. Symptom expression can be affected by intercultural contact. For example, Lai and Wolfgang (1993) reported a positive relationship between Asian immigrants' levels of integration into Western host society and reports of cognitive anxiety. The Asian immigrants in their sample reported higher levels of cognitive anxiety symptoms than Caucasian controls. There was no significant difference between the amount of physical anxiety symptoms reported by the Asians and Caucasians, despite the fact that somatic complaints are the primary vehicle for expression of anxiety in the Asians' countries of origin.

Since many immigrants experience downward social mobility as a result of migration (Canadian Task Force on Mental Health Issues Affecting Immigrants & Refugees, 1988b), cultural differences in the stress process may be partially attributed to the lower socioeconomic status of immigrant samples as compared to non-immigrant samples. In his pioneering study of parent-child interaction among working class and middle class families, Henderson (1973) found that working class mothers tended to label their children's stress in somatic terms. Their middle class counterparts used cognitive labels when making attributions for their children's difficulties in parent-child interactions. Thus, socialization processes seem to play an important role in the interpretation and labeling of stress.

Two types of stress have been described in previous research: (1) stressful life events, and (2) chronic life strains. Stressful life events are dramatic changes in an individual's life, such as divorce, death of a spouse, and job loss, which require readjustment (Holmes & Rahe, 1967). Many stressful life events can be interpreted in terms of losses in critical social supports or material resources (Thoits, 1982). Chronic life strains are daily hassles or uplifts related to one's social role or position (Kanner, Coyne, Schaeffer & Lazarus, 1981). Examples of chronic strains include marital discord, poor finances and underemployment (Pearlin & Schooler, 1978). In the chronic strain model of stress, the individual is viewed to be embedded in a social/familial context which exceeds his/her skill repertoire and resource base (Dressler, 1985).

Relationship Between Stress and Depression

Both stressful life events and chronic strains have been found to be inversely related to psychological adjustment (LaRocco, House, & French, 1980; Pearlin, Lieberman, Menaghan & Mullan, 1981). In a cross-cultural study by researchers at the World Health Organization which included 573 depressed patients between the ages of 10 and 70, stressful life events and chronic strains were implicated in 59.6 percent and 62.4 percent of reactive depression cases, respectively. Both sources of stress were also cited as precipitants in approximately one third of depression cases classified as primarily endogenous (Jablensky et al., 1981). This research was conducted in Canada, Iran, Japan, and Switzerland using the World Health Organization Schedule for Standardized Assessment of Depressive Disorders (SADD). A separate part of this study involved examining the cultural universality of core symptoms of depression identified by Western norms, such as low mood, anhedonia, feelings of worthlessness and guilt, poor concentration, sleep problems, and appetite changes. The majority of these symptoms were evident among patients from different cultural groups. In addition, the results revealed that anxiety and tension were among the most common symptoms of depression reported (Jablensky et al., 1981). This attests to the overlap between affective and somatic manifestations of the stress response in non-Western cultures.

Consistent with the results of the World Health Organization study, theories of depression clearly delineate the role of stress in the onset and maintenance of depressive symptoms. The stress diathesis model of psychopathology considers both nature and nurture and differentiates between predisposing, precipitating, and perpetuating factors for depression (Haas & Fitzgibbon, 1989). Predisposing factors include heredity, family environment, low socioeconomic status, low social support, and individual attributional style. A positive standing on each of these variables could protect individuals from developing depressive symptoms. Factors that can precipitate depression among those with predispositions include both stressful life events and chronic life strains. Chronic strains and stressful life events can also serve to perpetuate a depression, as these may solicit the perception that the individual's coping ability is overtaxed (Haas & Fitzgibbon, 1989).

The ecological-transactional model of depression among children and adolescents proposes multiple paths to depressive symptoms which emerge from imbalances between various risk factors and protective factors. The specific risk and protective factors addressed are analogous to those described in the stress diathesis model (Cicchetti & Toth, 1998). Proponents of this theory posit that failure to accomplish the tasks associated with one's stage of development represents one of the most potent psychosocial stressors; this would inevitably lead to a cognitive appraisal that the individual is not able to cope with the demands of his/her phase of life, resulting in depressotypic thoughts and behaviour patterns. It is posited that these thoughts and behaviour patterns then serve to perpetuate the depressed state (Cicchetti & Toth, 1998). Taking these models into account, the immigration process may contribute to an imbalance of risk and protective factors for depression through circumstances such as downward socioeconomic mobility, disruption of indigenous support systems due to relocation, and changes in family interaction patterns (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). The potential of the acculturation process to become a significant source of stress appears to be particularly important.

Acculturation as a Psychosocial Stressor

In immigration research, acculturation has been identified as a major chronic life strain subsequent to migration (Baptiste, 1993; Berry, 1997; Berry & Kim, 1988; Berry, Kim, Minde, & Mok, 1987; Krause, Bennett, & Van Tran, 1989; Kuo, 1976; Rogler et al., 1991; Sluzki, 1979). Acculturation is described as the process of sociocultural transition, resulting from intergroup contact, in which immigrants selectively change or abandon indigenous cultural values and behaviours in favour of adopting the idioms of the host society (Baptiste, 1993). The process involves two related decisions: (1) a decision about how much of one's unique cultural identity a person wishes to retain and relinquish, and (2) a decision about how important it is to establish and maintain relationships with other groups (Berry, 1997; Berry et al., 1987; Berry & Kim, 1988). The construct of acculturation is viewed on a continuum, ranging from complete cultural identity maintenance (i.e. separation) on the one hand, to assimilation into the surrounding milieu on the other. Biculturalism, the integration of home and host cultures in terms of both lifestyles and interaction patterns, represents the midpoint of these polarities. When an individual's decision- making process results in a lack of desire to retain unique cultural tenets paired with a lack of desire to socially integrate, the individual would represent the marginalized acculturation strategy (Berry, 1997; Berry et al., 1987; Berry et al., 1989; Berry & Kim, 1988).

Berry's (1997) framework conceptualizes acculturation in terms of different strategies for responding to and relating to the host cultural group. Individuals are classified as representing the separation, biculturalism, marginalization, and assimilation strategies using cut-off scores according to the results of their two related decisions (see Berry et al., 1987; Berry et al., 1989; Berry & Kim, 1988). A major problem with conceptualizing acculturation as a strategy is that this does not take into account the variability between individuals who utilize the same acculturation response. Two bicultural individuals may have very different views about the acceptability of certain Western behaviours. Furthermore, it is plausible that acculturation in some areas of behaviour may be more relevant to individual and interpersonal adjustment than acculturation in other areas of behaviour. For example, behavioural choices surrounding dating and marriage may relate to individual and family functioning to a greater degree than behavioural choices pertaining to food preferences. Therefore, the remainder of this dissertation focuses on research findings on acculturation when it is operationalized as a unidimensional continuous variable, i.e. the degree to which immigrants give up their unique ways in order to adopt host group norms. Berry (1997) has described this aspect of acculturation as the process of "culture shedding" or assimilation.

There are various dimensions in which acculturation can be evidenced. These include values, such as those pertaining to an emphasis on traditional hierarchical family systems versus egalitarian relationships, sex-role preferences, attitudes towards one's own cultural group and the host group, and overt behaviours. Behavioural acculturation is often construed as multifaceted. It can involve factors such as coethnic versus host group affiliation, friendship choice, name alteration, language use, food choice, style of dress, participation in host culture festivals and holiday celebrations, and level of assertiveness (Baptiste, 1993; Ghuman, 1991, 1994; Merali, 1996; Orozco, Thompson, & Kapes, 1993; Sodowsky & Plake, 1991; Suinn, Richard-Figueroa, Lew, & Vigil, 1987).

Studies of acculturation have almost exclusively focused on the relationship between individuals' levels of acculturation and their mental health status. The majority of individual acculturation studies have been based on environmental stress perspectives; they have viewed stress as a property inherent in immigrants' resettlement situation, rather than as a judgement that the demands of a situation exceed personal coping resources (see Ghaffarian, 1987; Gil et al., 1994; Hovey & King, 1996; Krishnan & Berry, 1992; Sands & Berry, 1993; Thomas, 1995). Also, in many acculturation studies, acculturative stress is equated with psychological distress. Berry et al.'s (1987) definition of acculturative stress as "the physiological and psychological state of depression, anxiety, and confusion resulting from the experience of acculturation-related stressors in the environment" (p. 492) exemplifies these patterns. Although some recent work on acculturation acknowledges the role of cognitive appraisal in the stress process (Berry, 1997), the ways in which the acculturation process affects the perceived demand-coping resources ratio to produce negative mental health outcomes have not been clearly identified (Lazarus, 1997).

The perspective that stress is synonymous with environmental demands assumes that different people will experience similar stress levels in response to the same situation. This assumption has been refuted by empirical studies (Hiebert, 1988). Thus, it is not surprising that the results of studies examining the relationship between immigrants' levels of acculturation and their degree of psychological distress have been inconsistent. Four patterns of results have emerged with respect to the relationship between acculturation and psychological distress: (1) a positive relationship whereby greater acculturation is related to greater symptom levels, (2) a negative relationship in which low acculturation is related to the maximal amount of distress, (3) a curvilinear pattern identifying biculturalism as the best mental health option, and (4) no relationship (Lafromboise, Coleman, & Gerton, 1993; Moyerman & Forman, 1992; Rogler et al., 1991). The studies that did not find a significant relationship between acculturation and mental health status were conducted on elderly samples. The non-significant relationships were attributed to a lack of variability in the level of acculturation of subjects; all of the subjects in these studies were found to be relatively low in acculturation (Lee, Crittenden & Yu, 1996). This suggests the existence of generational differences in degree of integration into the host society. Rogler et al. (1991) found that the other inconsistent research results could not be attributed to differences in measures of acculturation. They conducted a meta-analysis of acculturation studies conducted with Hispanic immigrants. Even when the acculturation studies were grouped by the measure of acculturation used, the results were equivocal.

Research on home-host culture disparity has provided an organizational scheme for understanding the variable findings of individual acculturation studies, and has generated important ideas about how the acculturation process may produces stress. The level of disparity between the values and behavioural expectations in immigrants' home countries and the host society appears to be an important determinant of the direction of the relationship between acculturation and psychological symptom levels; immigrants from cultures that are highly discrepant with the host culture have been reported to experience greater psychological distress as a result of acculturation, whereas in cases of low home-host culture disparity, acculturation has been found to be related to more positive mental health outcomes

(Minde, 1985 as cited in Berry et al., 1987; Vega et al., 1987; Ward & Kennedy, 1992). There are a number of findings that address how the acculturation process upsets the demand-coping resources ratio in cases of high home-host culture disparity: Multiple situational demands may be produced by pressures to behave differently in and out of the presence of coethnics whose level of acculturation is incongruent with one's own (Pernice & Brook, 1996), and both culture-specific interpersonal skills and indigenous social support systems may be threatened by behavioural change in the direction of host group norms (Sue & Sue, 1990; Tran, 1993; Vega et al., 1987). When combined with situational variance in ethnic behaviours, high commitment to a specific cultural identity has been found to be predictive of depression (Damji, Clement, and Noels, 1996), as have personal inefficacy (Tran, 1993) and low social support (Berry et al., 1987; Kuo & Tsai, 1986; Lee et al., 1996; Vega et al., 1987).

Situated Ethnicity

Immigrants may have to respond to different behavioural expectations depending on who they are interacting with, i.e. unacculturated members of their own cultural communities or the host group. Moghaddam and Studer (1997) emphasized the dynamic nature of ethnicity by defining culture as a "normative system that clarifies correct behaviour for persons in situations" (p. 193). They further noted that while culture provides prescriptions for behaviour, it does not cause individuals to act in certain ways; individuals make choices about the degree to which they will adhere to cultural rules in a given situation. These ideas highlight the distinction between the structural and cognitive aspects of culture in Okamura's (1981) theory of Situational Ethnicity. The structural dimension of ethnicity refers to the role constraints imposed upon an individual by his/her social context. The cognitive aspect of ethnicity focuses on the salience an individual attaches to behaving in a certain way in a particular context, i.e. the person's appraisal of competing behavioural choices balanced by situational demands (Okamura, 1981). It is surmised that the course of action chosen in a specific situation is the one that will serve the person's perceived best interest (Alexander & Rudd, 1984; Okamura, 1981). When interacting with members of one's own ethnic group, immigrants may perceive it to be advantageous to endorse indigenous ways in order to preserve existing supports. Interactions with members of the host group may lead to different behavioural choices geared towards fostering host group acceptance, depending on an individual's acculturation status.

In order to investigate situational variance in ethnic behaviours, Clement and Noels (1992) presented 22 situations representing various dimensions of acculturation to students representing the minority group at a major Canadian university. The situations included: Interaction with friends, dating and marriage, food preparation, cultural activities, thinking about personal goals, being alone at home, and reading the newspaper. The students were asked to rate the degree to which they would identify themselves as members of their own group or the majority group in response to each of the situations. Significant variability in ethnic identification was reported across situations. Furthermore, Clement and Noels (1992) found that the minority students tended to affirm their ethnic identity more often in private situations than in public situations. Using the same sample, Damji, Clement, and Noels (1996) examined the relationships between level of commitment to one ethnic group (i.e. the minority or majority group), behavioural consistency across situations, and depression. Depression was measured using the Beck Depression Inventory (BDI). A high level of commitment to a single cultural identity paired with high situational variability in ethnic identification was found to be related to the highest level of depression. Extrapolating from this finding, it appears that the multiple situational demands that are created when immigrants interact with both people who share their cultural stance and those who do not may overtax their coping resources. Competing demands appear especially likely to produce stress if they are paired with ineffective skills and/or decreased social support.

Skill Transfer

When the home culture diverges from the culture of the host context, skills that are effective in the home country may not transfer to immigrants' resettlement situation. Interpersonal skills, such as communication techniques and childrearing/ disciplinary practices, exemplify skill sets that may be differentially effective in achieving desired goals in the home and host societies. For example, Sue and Sue (1990) point out that unassertiveness is a successful form of communication among unacculturated Asians in their indigenous countries due to their common interpretations of the nonverbal signals which accompany each message. However, when interacting with members of the dominant group in Western society or with acculturated individuals from their own group, unassertive communication often fails to transmit critical meanings; the receivers of the message do not have the background to make inferences based on non-verbal Asian cultural norms. Similarly, parenting skills that may have been effectively used to control child behaviour prior to migration may no longer work in the resettlement phase due to acculturation of children (Baptiste, 1993; Pruegger, 1995). Therefore. members of cultures distinct from Western culture may need to expand their skill repertoires in order to successfully adapt in the host context.

Tran (1993) examined relationships between acculturation, personal efficacy and depression among adult Vietnamese immigrants residing in the United States. The specific dimensions of acculturation addressed dealt with difficulties in learning American customs and traditions, disciplining children, and interacting with members of the host society. Thus, the acculturation scale used in this research was a measure of integration into the host context in terms of skill replacement/behavioural change. Difficulties in each of the identified areas of acculturation negatively related to personal efficacy, which was inversely related to depression scores on the Centre for Epidemiological Studies Depression Scale (CES-D). Low personal efficacy connotes a judgement that the demands of one's situation exceed one's coping skills, thus precipitating the stress process.

Social Support

Relative to other types of personal coping resources, such as problem-solving skills and internal locus of control, access of social support appears to be assigned primacy as a coping mechanism among members of many immigrant groups (Marsella & Dash-Scheuer, 1988). These findings have been attributed to the fact that the emphasis on familism and communalism in immigrant cultures to some extent precludes a reliance on personal abilities to resolve emerging difficulties (Marsella & Dash-Scheuer, 1988). However, it is plausible that the degree to which external coping resources are emphasized over internal ones may be affected by immigrants' acculturation status; individuals high in acculturation may display a greater reliance on personal problem-solving abilities.

A number of studies have examined the degree to which immigrants' social support comes from members of their own ethnic groups and the relationship between coethnic support and mental health. Research findings in this area have been mixed. Some researchers have reported that ethnic enclaves protect immigrants from developing psychological problems, whereas others have reported that primarily or exclusively indigenous support has detrimental effects on psychological well-being (Kuo & Tsai, 1986). Upon close analysis, it appears that these inconsistencies can be attributed to differences in the length of residence in the host country among the research samples. Kuo and Tsai (1986) found that the proportion of coethnics in immigrants' support networks was positively related to depression scores on the CES-D among the Chinese and Filipino subjects in their study, but was unrelated to depressive symptoms among their Korean subsample. Relative to the Chinese and Filipino subjects, the Koreans were more recent immigrants. The mean lengths of residence in the U.S. for the Chinese and Filipino subjects were 13 and 15 years, respectively. The Koreans had resided in the U.S. for approximately 7 years. The patterns of correlations obtained by Kuo (1976) corroborate these results. He found that American-born Chinese adults' frequency of interaction with close friends, who were reportedly mostly coethnic, was positively related to their CES-D scores, as well as to their scores on the Midtown Psychiatric Impairment Index. The latter instrument is a measure of somatic complaints and anxiety. Correlations for foreign-born Chinese subjects were found to be in the opposite direction (Kuo, 1976).

American-born subjects inevitably have greater tenure in the host society than their foreign-born counterparts of similar ages. Length of residence in the host society has been found to be significantly positively correlated with levels of both attitudinal and behavioural acculturation (Rick & Forward, 1992; Sodowsky & Plake, 1991; Suinn et al., 1987). Recent immigrants may have not mastered the English language or have had sufficient opportunities to establish supportive relationships with members of the host group. Their ethnic community may be their exclusive source of support, thus relating positively to their adjustment. With longer lengths of tenure in the host society, individuals may have acquired more host group values and behaviours. In such instances, a high degree of interaction with coethnics may create pressures to retain indigenous ways. This was precisely the claim of Pacific Islander immigrants whose level of coethnic interaction was found to be positively associated with distress (Pernice & Brook, 1996). Therefore, if immigrants do not conform to the cultural role prescriptions of less acculturated members of their ethnic groups, this may adversely affect both the amount and quality of coethnic support they receive. A reduction in social support could upset the balance between situational demands and personal coping resources, initiating the stress process. Furthermore, having to respond to the behavioural demands of less acculturated immigrants may promote situated ethnicity.

Purpose of the Study

The aforementioned findings suggest that the relationship between acculturation and psychological distress may be contingent upon the degree of discrepancy between an individual's level of acculturation and that of others in his/her social environment. The family represents one's most immediate interpersonal context. Thus, intrafamilial discrepancies in acculturation may be a potent source of stress. Among immigrant families, the prototypical instance of variable degrees of acculturation appears to be evidenced in the parent-adolescent relationship (Baptiste, 1993; Ghuman, 1991, 1994; Huang, 1994; Segal, 1991; Sluzki, 1979).

Intergenerational gaps may be particularly pronounced in the case of involuntary immigrants. Since the relocation of refugees is reactive to sociopolitical circumstances, adults often idealize the values and behaviours of their country of origin as opposed to those of the society of resettlement (Richmond, 1993; Roizblatt & Pilowsky, 1996). They may fantasize about returning to their countries of origin once conditions have improved (Roizblatt & Pilowsky, 1996). Social and psychological distance from the host group has been found to be inversely related to acculturation in terms of second language learning and general integration, whereas intended length of stay in the country of asylum has been found to be positively related to indices of cultural integration (Schumann, 1986).

The immersion of children of refugees into the host society school system makes it difficult for them to maintain the same level of psychological or social distance from the host culture and its practices as their parents (Roizblatt & Pilowsky, 1996).

The purpose of this study is threefold: (1) to investigate the relationship between individual acculturation status and the degree of parent-adolescent acculturation disparity in the family unit, (2) to assess differences between the perceived and actual degree of parent-adolescent acculturation disparity given the critical role of perception in models of stress, and (3) to examine relationships between individual acculturation status, the perceived and actual degree of refugee parent-adolescent acculturation disparity in terms of acceptance of adolescents' behavioural shifts towards Western norms, and depression, taking into account demographic profiles and extrafamilial social support.

Overview

This dissertation consists of five chapters. The second chapter describes the literature attesting to differential degrees of acculturation among immigrant and refugee parents and adolescents, and links family acculturation patterns to sociodemographic variables. Research which addresses how parent-adolescent acculturation disparity may promote situational ethnicity, impede skill transfer, reduce social support, and interfere with the accomplishment of stage-salient developmental tasks is also reviewed. The chapter concludes with a statement of the problem and the research questions. Chapter 3 describes the operationalization of the study. The issues addressed include sampling criteria, the recruitment process, measurement of the research constructs, translation of study materials, and study implementation. The fourth chapter outlines the results of the study in attempt to answer the questions posed. In the final chapter, chapter 5, the ideas advanced in this dissertation are consolidated with the research findings. Since many studies cited in this dissertation do not differentiate between voluntary and involuntary migrants, the term immigrant will continue to be used to describe both groups. Studies focusing exclusively on refugees will be identified as such.

CHAPTER II

LITERATURE REVIEW

Research suggests that there are three mechanisms through which the acculturation process may produce stress: (1) multiple, competing situational demands, (2) negative effects on individuals' appraisals of their coping abilities due to difficulties transferring established skills to the new environment, and (3) disruption of existing supports. It appears that these mechanisms may be activated by interpersonal differences in acculturation. This chapter describes the literature attesting to differential rates of acculturation among immigrant parents and adolescents, and links family acculturation patterns to sociodemographic variables. It addresses the ways in which parent-adolescent acculturation disparity may promote situational variance in ethnicity, impede skill transfer, and reduce social support. Since the theories of depression discussed in the previous chapter posit that stress is most likely to lead to depression when it interferes with the accomplishment of stage-salient developmental tasks, the impact of intergenerational gaps on lifespan development will also be addressed. The chapter concludes with a statement of the problem and the research questions.

Parent-Adolescent Acculturation Disparity

Through their interactions with peers in the school system, immigrant adolescents are saturated with the values and practices of the dominant culture

(Ghuman, 1991; Violato & Travis, 1994). Since peers become the primary agents of socialization during the developmental stage of adolescence (Blos, 1979; Erikson, 1963), immigrant adolescents may become highly committed to culture shedding in order to gain acceptance from host group youth (Baptiste, 1993; Ghuman, 1991; Huang, 1994; Pruegger, 1995). Parents have more control over their degree of contact with host society values and practices; they are not subject to the same homogenizing influences as their offspring (Baptiste, 1993; Huang, 1994; Segal, 1991).

Many studies have examined differences between immigrant parents' and adolescents' levels of acculturation. Stopes-Roe and Cochrane (1989) examined South Asian immigrants' levels of acculturation in terms of assertiveness and degree of independent decision-making versus collective consensus, and compared them to British Caucasians. They found that regardless of cultural group membership, the adolescents in their sample were similar in terms of the primacy they attached to assertive self-expression and autonomy. A corresponding similarity was not evident in the views of the Caucasian and immigrant parents in their sample, attesting to the immigrants' opposition to Western communication norms. The South Asian parents emphasized parental authority over adolescent decisions. This pattern of findings is particularly salient in light of the fact that the South Asian subjects had resided in Great Britain for an average of 17 years.

Rick and Forward (1992) presented an acculturation scale consisting of items pertaining to dating and marriage, style of dress, decision-making, and nuclear versus extended family relationships to 29 Hmong refugee students participating in the English as a Second Language Program at a U.S. high school. The mean age of the students was 18. The students were provided with the options of choosing a traditional Hmong response, a typical American response, or a compromise position in response to each item. They were asked to indicate which option they most agreed with and which option their parents would endorse. Adolescents reportedly perceived themselves to be significantly more acculturated than their parents across the dimensions examined. Perceived intergenerational differences were found to be positively associated with the length of time the adolescents had spent in U.S. schools (Rick & Forward, 1992). Similar family acculturation patterns have been identified in studies which have also included parental responses (Baptiste, 1993; Huang, 1994; Pruegger, 1995; Segal, 1991).

The findings of the above studies have been qualified by research linking individual acculturation status and demographic variables besides length of residence in the host society with family acculturation patterns. In a large-scale study of 6,670 Hispanic adolescent males and their parents, intergenerational gaps in acculturation were found to be related to adolescents' degree of acculturation: The more acculturated the adolescents were, the greater the intergenerational gaps they reported (Gil et al., 1994). Intergenerational gaps in acculturation were measured by responses to four items addressing family problems surrounding the integration of American customs. The items were very global in the sense that specific behaviours that could be the focus of parent-adolescent disagreements were not identified. Some behaviours, such as dating and use of English in the home, may be more likely to be a source of family conflicts than others. Thus, the results of this study are somewhat open to interpretation.

Parent and adolescent gender have also been found to be related to intrafamilial variability in acculturation. In the one-child Greek immigrant families who participated in Georgas' (1991) study, fathers of daughters were found to be significantly more traditional in terms of the values they placed on hierarchical family relationships and sex-stereotyped behaviours than fathers of sons. No difference between mothers of daughters and mothers of sons was found. An additional finding of this research was that the adolescent daughters in the sample were significantly more acculturated in their values than the sons, indicating possible father-daughter clashes and father-son congruence. It has been argued by other researchers, however, that the high level of paternal authority in many immigrant families may also produce discrepancies between fathers' levels of perceived acceptability of acculturated values and behaviours and that of their sons (Hertz, 1993).

Expanding on this line of reasoning, Merali (1996) administered a questionnaire soliciting judgements of the degree of acceptability of prototypical acculturated adolescent behaviours to 72 immigrant parents and adolescents from the Hispanic, Polish, Former Yugoslavian, Chinese, Vietnamese, and Muslim communities. Three of the communities sampled were refugee groups (i.e. the Hispanic, Former Yugoslavian, and Vietnamese groups). There appeared to be differences in the direction of parent-adolescent acculturation disparity evidenced within each ethnic subsample. There were particular cultural subsamples in which the pattern of acculturation-disparity between parents and adolescents was reversed. For example, parents from the Polish community tended to perceive the acculturated adolescent behaviours to be more acceptable than their adolescents perceived them to be. In contrast, the Hispanic subsample had the largest disparity in the expected direction. A close analysis of the profiles of the ethnic subsamples revealed that the pattern of findings could possibly be attributed to differences on key demographic variables. The Hispanic subsample had the largest mean family size and the lowest level of parental education in addition to having the highest ratio of opposite-gender to same-gender parent-adolescent dyads in the sample. The Polish subsample was found to have a much higher mean level of parental education, a relatively smaller mean family size, and a lower proportion of opposite-gender to same-gender parent-adolescent dyads compared to the Hispanic group. Parental years of schooling was found to be positively related to parents' scores on the Behaviour Questionnaire, whereas family size was found to be inversely associated with parental scores. Also, the age of the adolescents' participating parent was found to be negatively related to adolescents' Behaviour Questionnaire scores. In t-tests assessing the degree of disparity between parents' and adolescents' behaviour ratings in opposite versus same-gender dyads, only parents in opposite-gender dyads were found to view the acculturated behaviours to be less acceptable than their offspring (Merali, 1996).

Another possible explanation for the differences between the two ethnic subsamples is the difference in voluntariness of migration. The Polish subsample was an immigrant sample whereas the Hispanic sample represented a refugee group. Some Hispanic refugee parents highly idealize their countries of origin and even consider returning later in life. However, their children often adapt quickly to the new environment and protest against a return to the place of ancestry (Roizblatt & Pilowsky, 1996). Having chosen to come to Canada to pursue a better life for themselves and their children, parents in the Polish subsample were likely more receptive to their adolescents' need to make behavioural shifts towards Canadian culture in order to integrate.

Regardless of sociodemographic profiles and conditions of exodus, it could be argued that intergenerational gaps are an integral aspect of the developmental stage of adolescence. Family acculturation disparity may simply mirror the gaps experienced in parent-adolescent dyads from the host group. The work of Kartakis (1998) disputes this idea. Using the Conflict Questionnaire, she found heightened levels of intergenerational gaps and parent-adolescent conflict among immigrant parent-adolescent dyads when compared to Native-born Canadian dyads with similar sociodemographic characteristics. These results were attributed to differences in cultural norms; the congruence between the values and accepted behaviours of the Native-born Canadian families and those of the surrounding society serves to keep conflicts at bay. Any parent-adolescent conflicts due to changes accompanying the developmental stage of adolescence may be exacerbated by home and host culture disparity (Kartakis, 1998). Furthermore, parent-adolescent acculturation disparity has unique and important implications for adolescent identity development, and for perceived parenting efficacy. These issues are related to the tasks associated with the adolescent and middle adulthood phases of life, respectively.

Parent-Adolescent Acculturation Disparity and Situated Ethnicity

Eric Erikson's theory of psychosocial development identifies the tasks that are central to each stage of the life cycle. The adolescent's task is to establish a consolidated identity (Erikson, 1963). Family patterns in which adolescents are more acculturated than their parents may lead to situated rather than consolidated identities. South Asian immigrant adolescents who identified themselves as much more acculturated than their parents reported that they pursued dating relationships, made friendship choices, and behaved in assertive ways that their parents strictly prohibited when outside of the home in a series of focus group seminars (Segal, 1991). These adolescents also reported that the pressure they experienced from their parents to retain indigenous customs, such as arranged marriage and collective decision-making, only served to weaken their allegiance to their countries of origin, ironically strengthening their commitment to Western behavioural alternatives (Segal, 1991).

In some cultures, parents may actually encourage situational variance in cultural behaviours. For instance, many Chinese immigrant parents encourage their adolescents to speak English when interacting with friends outside of the home due to the belief that mastery of English will facilitate academic achievement. Use of English in the home may be actively discouraged for the purpose of cultural preservation (Huang, 1994).

The above findings suggest that the acculturation process is itself context-dependent. Rueschenberg and Buriel (1989) attempted to test this hypothesis among 45 Mexican-American immigrant parents. Their subjects were individuals who were low, medium, and high in acculturation, each representing a third of the overall sample. The subjects were asked to respond to the Family Environment

Scale (FES). This measure includes subscales assessing internal family functioning and external family systems variables. The internal family functioning subscales address factors such as the degree to which family members are encouraged to openly express their emotions (i.e. assertiveness level), the extent to which the family is organized in a hierarchical manner, and the rigidity of family rules. The external family systems subscales address factors such as the extent to which family members are encouraged to be independent and assertive outside of the home, and the degree to which members of the family actively participate in Western cultural and recreational activities. According to the parents' reports, it was found that as their levels of acculturation increased, they became more involved in Western social and cultural systems outside of the home, while their basic internal family system and rules remained static (Rueschenberg & Buriel, 1989). Rosenthal and Feldman (1990) replicated this study with Chinese immigrant families with adolescents residing in Australia and the United States. Convergent results were obtained.

Parent-Adolescent Acculturation Disparity and Skill Transfer

In Erikson's theory of psychosocial development, middle adulthood is conceptualized as a phase characterized by a crisis of generativity versus stagnation (Erikson, 1963). For parents, the central task involved in this stage is mastery of the childrearing process (Muuss, 1988). In cases where immigrant adolescents are more acculturated than their parents, parents may perceive their disciplinary skills to be ineffective in the host context. This could lead to the judgement that they have failed to accomplish a stage-salient developmental task. Recall that in the Stopes-Roe and Cochrane (1989) study, South Asian parents placed value on parental authority and control over child behaviour despite their lengthy tenure in Great Britain (17 years). Similarly, Baptiste (1993) reported that the emphasis on familism in many immigrant cultures results in behavioural changes such as increased peer association, dating, interracial dating, changes in style of dress towards Western norms, and increased assertiveness being interpreted as oppositionally-defiant behaviour. Though many of these changes have been found to be universal features of the developmental stage of adolescence, particularly among acculturated immigrant youth, cross-cultural researchers have argued that many adult members of non-Western cultures do not recognize adolescence as a distinct life stage (Huang, 1994; Pruegger, 1995; Segal, 1991); processes such as individuation (separation from family), sexuality, and identity development may be equated with the marital phase of life as opposed to youth. As the Rosenthal and Feldman (1990) and Rueschenberg and Buriel (1989) studies illustrated, parental control over child behaviour remains stable as immigrants become more involved with the host society outside of the domestic context.

A number of researchers have examined immigrant parents' perceptions of Western parenting behaviours and host group adolescents. These researchers have invariably discovered negative views of the host society. In a qualitative study conducted by Lipson (1992), Iranian immigrant parents were asked to describe what they most disliked about the United States. Several respondents reported the "lack of control parents have over their children" (p.16). They concurrently reported concerns about their own children "absorbing" American norms and becoming "out of control". Analogous perceptions of Western parenting and Western adolescents were reported by the mixed sample of immigrant parents who participated in the symposium organized by Pruegger (1995). Pruegger's sample included Hispanics, South Asians, Chinese, Vietnamese, and Muslim participants. Therefore, if immigrant adolescents are more acculturated than their parents, this could be interpreted as parental inefficacy (Tran, 1993), resulting in both stress and psychological distress.

Parent-Adolescent Acculturation Disparity and Social Support

Consistent with a group orientation, immigrants tend to list immediate family members, extended family, and community members among their primary sources of support (Dressler, 1985). When immigrant parents and their adolescents acculturate to different degrees at different rates, perceived social support from family members may be affected. In a recent study of the impact of differential rates of acculturation on relationships between youth and young adults and their grandparents, Silverstein and Chen (1999) found that youth who were more acculturated than their grandparents tended to report less frequent interaction with them. They also tended to report declines in affection towards them over time. Similarly, parent-adolescent acculturation disparity has been found to be related to parent-child conflict, and consequently to reduced family cohesion among members of the Hispanic community (Gil & Vega, 1996). Noels (1999) also found that when first generation youth adopt the assimilation strategy of acculturation, they tend to experience significant family hassles and conflicts surrounding their acculturation status. Parent-adolescent conflicts surrounding integration into the host society have been shown to relate to perceived family dysfunction, as measured by the Family Assessment Device (Hovey & King, 1996). The Family Assessment Device assesses factors such as the degree of perceived support from family members and family boundaries. Scores on the Family Assessment Device have in turn been identified as a significant predictor of scores on the Reynolds Adolescent Depression Scale (Hovey & King, 1996).

In the series of focus group seminars described by Segal (1991), South Asian immigrant adolescents expressed feelings of alienation from their parents, which they attributed to their situated ethnic identities; the perceived lack of support for their actual acculturation status, which they could only show when outside of the home, made it difficult for them to relate to their parents when inside the home. Such circumstances could lead to a reliance on peers for support. Though the period of adolescence is marked by a shift towards greater peer involvement (Blos, 1979; Erikson, 1963; Violato & Travis, 1994), this does not necessarily imply that adolescents will not solicit the support of parents. Having close and supportive parents appears to be a condition that most adolescents desire, and that is positively associated with their psychological adjustment (Sam & Berry, 1995). Despite this fact, immigrant parents may view adolescent acculturation and attempts to extend family boundaries to nonkin as a rejection of the family and its values (Baptiste, 1993). The typical response appears to be the imposition of traditional values on adolescents, which serves to exacerbate acculturation conflicts and further reduce familial support from the view of both parties (Pruegger, 1995). Research linking social support to immigrant adjustment (see Berry et al., 1987; Kuo & Tsai, 1986; Vega et al., 1987) suggests that strong extrafamilial support may be inversely related to psychological distress, counteracting the strains of situated ethnicity, skill transfer, and reduced family cohesion.

Parent-Adolescent Acculturation Disparity and Psychological Distress

Intrafamilial variability in acculturation has been implicated in four studies of immigrant distress. Aldwin and Greenberger (1987) examined predictors of depression among Korean immigrant college students. Among their set of predictors were scores on a stressful life events scale, a rating for the most difficult academic problem experienced in the past quarter, a rating for achievement pressure from parents, and responses to a questionnaire assessing perceived parental traditionalism. This questionnaire included items on indigenous Korean values such as "showing obedience to elders", "keeping thoughts and feelings to oneself", and "keeping close ties with relatives outside of the immediate family regardless of one's age". Respondents were asked to rate each item on a five point Likert scale; a rating of 1 indicated low endorsement of the value by their parents and a rating of 5 was indicative of a strong parental value. The researchers found that perceived parental traditionalism was the only variable in the identified set of predictors that related positively to the Korean adolescents' depression levels (Aldwin & Greenberger, 1987). Depression was assessed via a scale specifically developed and empirically validated for use with Koreans by the authors. As a post-hoc explanation of these findings, it was speculated that perceived parental traditionalism likely affected the adolescents distress levels due to discrepancies between the adolescents' own levels of traditionalism and those of their parents. No data on the adolescents' levels of traditionalism was collected or analyzed.

A similar incomplete methodology was used by Kazaleh (1986). He found that the Ramallah immigrant adolescents in his sample who had the highest anxiety levels were those who reported that their parents resisted mainstream American influences. Despite the limitations of these studies, the results are important because they suggest that perceived acculturation may be more relevant to individual psychological adjustment than actual family acculturation patterns. This is consistent with the definition of stress as a "judgement" that the demands of a situation exceed one's coping abilities.

A lack of a significant relationship between actual parent-adolescent acculturation disparity and depressive symptoms among adolescents was reported by Trias-Ruiz (1992). She assessed parent-adolescent acculturation disparity using the Cultural Shift subscale of the Cultural Lifestyles Inventory. This includes items on language use, familiarity with American customs, cultural preference, and various behaviours such as coethnic versus host group affiliation. Depressive symptomatology was measured using the Centre for Epidemiological Studies Depression Scale (CES-D). Trias-Ruiz' sample consisted of 100 Hispanic high school students in the United States and both of their parents. One methodological flaw in her study that may have influenced the results was the way in which acculturation disparity was calculated: Both parents' Cultural Shift scores were pooled and their adolescents' scores were subtracted from this sum. Absolute disparity values were used in the analyses. Taking into account the findings of Geogas (1991) and Merali (1996) pertaining to opposite-gender and same-gender parent-adolescent dyads, it appears necessary to examine each parent's acculturation status separately.

A series of post-hoc analyses were conducted in the Trias-Ruiz (1992) study to investigate possible gender differences in results. No significant relationships were obtained between acculturation disparity scores and adolescent depression scores for either same-gender or opposite-gender parent-adolescent dyads. All of the adolescents who participated in the study were found to be more acculturated than their parents, making the direction of disparity irrelevant. Since opposite-gender dyads tend to have higher acculturation disparity scores than their same-gender counterparts (Merali, 1996), conducting separate analyses for different dyad types would serve to reduce the variability in acculturation disparity scores, rendering it difficult to find statistically significant relationships with psychological distress. It seems important for studies on intrafamilial variability in acculturation to include both opposite-gender and same-gender parent-adolescent dyads to ensure a wide range of acculturation patterns, without examining either dyad type in isolation. Nevertheless, Trias-Ruiz (1992) findings with respect to gender could also be due to her focus on actual rather than perceived acculturation disparity. It is possible that parents may view themselves to be more acculturated than their adolescents perceive them to be and vice versa. Also, this study used a general measure of acculturation rather than a measure that specifically focuses on the behavioural shifts that adolescents make as a result of the acculturation process. Scores on the latter type of measure may be more likely to relate to depression scores, as adolescent behaviour patterns may affect parenting efficacy, ethnic identity, and family support.

Since individual acculturation status has been found to be positively related to perceived intergenerational gaps among immigrant adolescents (Gil et al., 1994), it is plausible that parental acculturation status would be inversely related to perceived intergenerational gaps. Kaplan and Marks (1990) discovered that as acculturation increased, distress increased in youth but tended to decrease in older adults. Acculturation was measured by a scale assessing factors such as language use and ethnic identification. Distress was assessed using subjects' scores on the CES-D.

Kaplan and Marks' (1990) study was a cross-sectional study of acculturation across the lifespan. Their young and older subjects were not members of the same families. However, their findings can be extrapolated to family situations. It seems plausible that as youth acculturate, this creates greater intergenerational gaps between themselves and their parents, leading to an inequity between situational demands and personal coping resources. When older adults acculturate, the degree of parent-child acculturation disparity may be reduced, restoring conditions of family support and perceived effectiveness of parenting skills. Such changes would serve to balance the situational demands and personal coping resources ratio.

It is important to note that in the Aldwin and Greenberger (1987) study, variables that might moderate the relationship between the identified set of predictors and Korean adolescents' depression levels were included in the analyses. Although social support was among these variables, it was not found to be significantly related to distress either directly or indirectly. This is not surprising given the fact that the researchers only examined social support from parents and peers specifically in relation to academic problems. If they had included an assessment of social support related to perceived intergenerational gaps in traditionalism, significant results may have been obtained.

Demographic Variables and Psychological Distress

Demographic variables have not only been related to acculturation patterns, they have been theoretically linked to symptoms of distress. Specific demographic variables hypothesized to be related to psychological maladjustment include: Length of residence in the host society, socioeconomic status, gender, and age. Many early theories of migration contained assumptions about the relationship between various phases of immigrants' resettlement process and their mental health status. Such assumptions are grouped in the category of phase-related risk hypotheses (Beiser, 1988). In the earlier models posited by Berry and Kim (1988) and Sluzki (1979), the initial period after migration was characterized by low stress, since individuals have not necessarily made a commitment to their current destination and may still idealize the host society. As immigrants attempt to establish themselves in the new context, they encounter various stresses surrounding employment, language barriers, and social/familial integration, which threaten their adjustment (Berry & Kim, 1988; Sluzki, 1979). The culture shock theory advanced in the 1960s and 1970s, in contrast, suggests that lower lengths of residence in the host society are characterized by the highest stress levels due to novel circumstances. Consequently, this theory predicts the poorest mental health outcomes during early resettlement (Kuo, 1976).

Recent work on immigrant adjustment has recognized that single factor explanations of the cultural integration process are too simplistic. Adjustment to the host society is viewed to be a complex process with multiple determinants across the various phases of resettlement. The factors implicated include: Conditions of exodus, the multicultural policy or ideology of the host society, the nature of immigrants' reception by the host group, the amount of social and psychological distance immigrants maintain from the host group, their motivations to integrate, and their acculturation strategies (Berry, 1997; Schumann, 1986).

Two competing theories have also been advanced regarding the relationship between socioeconomic status and distress among immigrants. The theory of social selection postulates that immigrants from low social classes and "dysfunctional" backgrounds selectively migrate to Western areas in search of a better life, bringing with them multiple pathologies. The theory of social causation posits that the stresses associated with the downward social mobility and low socioeconomic status that often accompany migration is a precipitant of immigrants' distress rather than a precursor (Dohrenwend & Dohrenwend, 1974). In light of the multifactorial nature of immigrant adjustment, it appears most plausible that both premigration status and post-migration status decline affect individuals' distress levels.

Gender has been related to distress levels via the assumption that males have higher socioeconomic status than their female counterparts and due to greater negative affect expression among females (Kuo, 1976). With respect to age of arrival in the host society, it has been argued that older arrivals experience more difficulty in the integration process than younger individuals. This has been attributed to difficulties acquiring a second language at later ages and in establishing new support networks (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988b). The movement into late adulthood is also characterized by an increased vulnerability to stress. This is purportedly due to age-related declines in personal physiological capacities and coping skills in response to stress, as well as to decreases in social interaction (Antonucci, 1985).

A few empirical studies have tested hypotheses about relationships between demographic variables and psychological distress among immigrant samples. Kuo (1976) did not find a significant relationship between length of residence in the

United States and Chinese immigrants' scores on the CES-D, challenging the culture shock hypothesis. However, Vega et al. (1987) obtained support for this hypothesis; they reported that Mexican immigrant females' length of residence in the United States was negatively correlated with their depression scores on the same measure. In the Vega et al. (1987) study, socioeconomic status, as assessed via income and education, was also found to be inversely related to psychological symptom levels. Inconsistent with this finding, Pernice and Brook (1996) reported a lack of significant relationships between socioeconomic status, age, gender, and Pacific Islander immigrants' anxiety and depression scores on the Hopkins Symptom Checklist-25.

Mixed findings with respect to demographic variables could be due to multicolinearity; length of residence in the host society, age, socioeconomic status, and gender interact. Employing path analysis, Kuo (1976) aimed to test the idea that socioeconomic status is a function of age, gender, length of residence in the host society, and acculturation. He found that "socioeconomic status was slightly influenced by gender, was deprived substantially by age, and moved significantly by length of residence and degree of acculturation" (p. 303); younger to middle-aged males who assimilated into the host society and resided in the United States for the greatest lengths of time held the most advanced social positions. The longer length of residence in the U.S. of the individuals who successfully recovered their socioeconomic status suggests an earlier age of arrival among this group than among other study participants. It seemed from both the Pernice and Brook (1996) study and the Kuo (1976) study that gender was not important to distress in and of itself, but possibly only through its relationships with other variables such as socioeconomic status.

Given the fact that path analysis is a correlational technique, it cannot be inferred that the pattern of relationships obtained in this study reflect the "true" nature of these relationships. Other studies have found socioeconomic status, age, gender, and length of residence in the host society to be related to acculturation (Sodowsky & Plake, 1991; Suinn et al., 1987). These studies have viewed social class and tenure in the host society as key variables in immigrant adjustment rather than as criterions. For example, given the downward social mobility that often accompanies migration (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988b), it is possible that immigrants' socioeconomic status remains low in the new society until they acculturate by learning the language and skills necessary to enter the workforce. Therefore, it seems that among immigrant samples, relationships between demographic variables and psychological distress may not be independent of acculturation influences.

Statement of the Problem

The literature reviewed elucidates that parent-adolescent acculturation disparity in terms of acceptance of behavioural shifts that adolescents make in order to integrate into the host society can result in different expectations of behaviour depending on the context of the interaction, interfere with the perceived transfer of parents' disciplinary skills from the home to the host environments, and reduce levels of familial support. These conditions could precipitate stress. The construct of stress was defined as a perceived imbalance between situational demands and personal coping resources, which include social support. If adolescents who are highly committed to the host culture respond to different behavioural demands in and outside of the home, their attempts to establish consolidated identities may be thwarted. Similarly, if parents interpret adolescents' behavioural shifts towards Western culture as evidence of oppositional-defiance, they will fail to feel as though they have mastered the childrearing process. Both identity formation and childrearing are stage-salient developmental tasks.

Although the results of previous research suggest that parent-adolescent acculturation disparity can precipitate the stress response and compromise the achievement of stage-salient developmental tasks for both parents and adolescents, no study has examined the relationship between parent-adolescent acculturation disparity and the depression levels of immigrant parents. The link between acculturation disparity and adolescent depression was examined in two studies. These studies used general definitions of acculturation rather than focusing on behavioural shifts. Westernized adolescent behaviours appear to be the dimension of acculturation that is most relevant to consolidated identity development and mastery of the childrearing process. Furthermore, the studies on parent-adolescent acculturation disparity did not differentiate between perceived and actual acculturation disparity or compare their possibly unique relationships with depressive symptoms. A final limitation of existing research in this area is that no study has included individual acculturation status, parent-adolescent acculturation disparity, demographic variables, and home and host group social support within the same multiple regression analysis in order to evaluate competing explanations of immigrant distress.

The purpose of this study is threefold: (1) to investigate the relationship between individual acculturation status and the degree of parent-adolescent acculturation disparity in the family unit, (2) to assess differences between the perceived and actual degree of parent-adolescent acculturation disparity given the critical role of perception in models of stress, and (3) to examine relationships between individual acculturation status, the perceived and actual degree of refugee parent-adolescent acculturation disparity in terms of acceptance of adolescents' behavioural shifts towards Western norms, and depression, taking into account demographic profiles and extrafamilial social support. The following questions are addressed:

1. Is there a significant difference between refugee parents' perceived degree of family acculturation disparity and the actual level of parent-adolescent acculturation disparity?
2. Is there a significant difference between refugee adolescents' perceived degree of family acculturation disparity and the actual level of parent-adolescent acculturation disparity?
3. Do refugee parents and adolescents significantly differ in their degree of accuracy in judging family acculturation disparity?
4. Is the individual acculturation status of refugee parents inversely related to perceived and/or actual acculturation disparity?
5. Is the individual acculturation status of refugee adolescents positively related to perceived and/or actual acculturation disparity?
6. Is extrafamilial social support inversely related to refugee parents' and adolescents' depression scores?
7. Can a combination of demographic variables, individual acculturation status, degree of parent-adolescent acculturation disparity, and extrafamilial social support significantly predict refugee parents' and adolescents' depression levels? Furthermore, Do individual acculturation status and degree of parent-

adolescent acculturation disparity significantly contribute to the prediction of refugee parents' and adolescents' depression scores when demographic variables and extrafamilial social support are taken into account?

8. Of the acculturation variables, is perceived parent-adolescent acculturation disparity the only variable that accounts for unique variance in depression scores, or is individual acculturation directly related to depression levels?

CHAPTER III

METHOD

The objective of this study was to investigate factors relevant to the prediction of depression among Hispanic refugee parent-adolescent dyads. Both risk factors and protective or compensatory factors were of interest. Risk factors included family sociodemographic profiles and acculturation patterns. Social support from the home and host cultural groups represented the protective factors under study. This chapter describes the operationalization of the research. The issues addressed include: the criteria for involvement in the study, participant recruitment, sample characteristics, measurement of the research constructs, simplification and translation of study materials, and the implementation process.

Participants

Study Criteria

The Hispanic cultural community was selected for inclusion in this study based on four criteria: (1) representation among Canada and Alberta's immigrant population, (2) migration within the last 10 year period, (3) conditions in the countries of origin that necessitated forced resettlement, and (4) a relatively high degree of discrepancy with Canadian culture in terms of the dimensions described in Hofstede's (1980) cultural classification system. The status of the Hispanic community with respect to each of these criteria will be discussed in this section.

Central and South American countries were included among the top 5 refugee origins in Canada's immigrant population within the most recent wave of immigration (Statistics Canada, 1996); refugees from these countries accounted for 7.3 percent of immigration to Canada during the period from 1991 to 1996. In the province of Alberta, the Hispanic ethnicity ranks in the top 25 ethnic origins of immigrant residents. Furthermore, El Salvador is included among the top 10 source countries for recent immigrants to Alberta (Statistics Canada, 1996).

The maximum length of residence in Canada for participants was 10 years. This time frame was established in order to maintain a focus on first generation refugee families. Some of the multiple stresses associated with immigration may be alleviated as a family progresses into the second generation. In light of Lay and Nguyen's (1998) finding that stresses compound each other in relating to depressive symptoms, it seems plausible that parent-adolescent acculturation disparity would be more strongly related to depression levels in the first generation when other cultural integration strains prevail. These strains include second language learning, downward socioeconomic mobility, and the task of establishing new social support networks (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a & b). A minimum length of residence in Canada of 6 months was a prerequisite for involvement in the study. During the first few months after arrival in the host country, settlement issues take precedence to the acculturation process (Sluzki, 1979).

In terms of acculturation status, the Hispanic community consists of subcultures which vary in terms of national origin and history, degree of Western exposure prior to migration, conditions of exodus, and reception by and integration with members of the host society (Aquirre-Molina & Molina, 1994). Some of the differences in values and behaviours among Hispanics can be attributed to differences in acculturation status triggered by factors such as Western colonialism in their countries of ancestry rather than to differences in ethnicity per se (Aquirre-Molina & Molina, 1994; Guarnaccia, 1997). The heterogeneity within the Hispanic culture would enrich the study by introducing variability in family acculturation patterns and experiences. However, Hispanics from Central and South America have in common the experience of involuntary migration due to unfavourable political and social circumstances in their countries of origin, relatively similar sociodemographic profiles, and limited Western exposure in their home countries prior to migration (Aquirre-Molina & Molina, 1994; Guarnaccia, 1997).

Hofstede (1980) identified four dimensions in which cultures vary that can be used to assess the relationship between Hispanic culture and the Western culture of Canadian society. Power distance refers to the degree to which hierarchical relationships are emphasized as opposed to egalitarian relationships. Uncertainty avoidance refers to the degree to which a national culture is bound by rules and rituals. Individualism connotes the extent to which personal needs and goals are assigned primacy in relation to those of the family and/or collectivity. Masculinity, the final dimension, reflects the degree of sex-role differentiation in a given culture. All of these dimensions relate to areas in which behavioural acculturation can be evidenced. According to Hofstede (1980), Canada is charactertized by a relatively low degree of power distance, low uncertainty avoidance, high individualism and an average degree of sex-role differentiation. Sue and Sue's (1990) characterization of the Hispanic culture suggests a high degree of power distance, uncertainty avoidance, and sex-role differentiation, and less of an emphasis on individualism than on familism.

Other study criteria pertained to the age of adolescent participants and their connection to immigrant-serving agencies. The minimum age of adolescent participants was 13, with a range from 13 to 18 years. The instruments used in this study have not been psychometrically validated for younger subjects. In cases where there was more than a single adolescent in a family, the participation of the older sibling was solicited for three reasons: (1) older adolescents may have arrived in Canada at later ages, making it difficult to integrate into established friendship circles in the school setting without acculturating, (2) those older adolescents who have greater lengths of residence in the host society may be more acculturated than their younger siblings, and (3) the higher level of cognitive development that accompanies increasing age may predispose older adolescents to question cultural expectations for behaviour.

The participation of individuals who were either current or previous utilizers of immigrant settlement services was solicited for representation of various phases of resettlement among the first generation sample. Immigrants who connect with settlement services upon arrival to Canada may be most likely to recover their premigration status and to steadily increase their degree of host society integration over time. Individuals with a length of residence in Canada of 6 months to 5 years were recruited from current settlement clients, whereas those with a tenure in the host society of between 6 and 10 years were recruited from settlement agency case files of previous service use. Immigrants who have resided in Canada for 6 to 10 years and who continue to utilize settlement services were excluded from the pool of potential participants. Members of this group may not have connected to immigrant-serving agencies upon their arrival in Canada, or alternatively, may not have achieved greater levels of functioning over time.

The Recruitment Process

Presentations delineating the purpose and nature of the study were made to the directors of immigrant-serving agencies in Calgary and Edmonton to facilitate the participant recruitment process. Settlement workers in these agencies were provided with one-page study descriptions to distribute to current clients who met the criteria for involvement (see Appendix A). Former agency clients received the same information conveyed in the study description in telephone contacts initiated by Spanish-speaking settlement workers.

The study descriptions included the dates, times and locations of questionnaire administration. Study descriptions were created in both English and Spanish. The process of forward and backward translation (Larson, 1984) was used: One experienced member of the Calgary Language Bank staff translated the English version of the study description into Spanish, another bilingual expert reproduced the English version from the first language variant, and inconsistencies in meaning were resolved through consensus. Individuals who expressed an interest in participating in this research after receiving the information in the study description were provided with bus tickets covering their transportation costs to and from the research sites on the day of their participation. If they were unable to come to the research sites, they were offered the option of scheduling a home visit for questionnaire completion.

Sample Characteristics

The obtained sample consisted of 50 Hispanic parent-adolescent dyads (i.e. 100 individual participants). Thirty (60%) of the parent-adolescent dyads were of the same gender, whereas 20 (40%) where opposite-gender dyads. Seventeen

(56.67%) of the 30 same-gender parent-adolescent dyads were mothers and daughters and 13 (43.33%) were father-son pairs. Mothers were also disproportionately represented among the opposite-gender dyads, participating with their sons to a greater extent than fathers participated with their daughters (14 dyads versus 6 dyads). In terms of adolescent participants, sons were more highly represented in the sample than daughters (54% versus 46%).

The mean ages of the parent and adolescent participants were 42 (SD = 5.11) and 15.18 (SD = 1.88), respectively. The parents' age of arrival in Canada ranged from 24 to 53 (M = 36, SD = 6.17). The adolescents' age of arrival in Canada ranged from 2 to 16 years (M = 10, SD = 3.48). Overall, the Hispanic parent-adolescent dyads had 5.5 years of tenure in the host society (SD = 3.49). Twenty-seven (54%) of the 50 parent-adolescent dyads were in the early phase of resettlement at the time of the study (i.e. within 6 months to 5 years of migration), and 23 (46%) of the dyads were in the late phase of resettlement (i.e. between 6 to 10 years post-migration). The Hispanic parents and adolescents who participated in this study were refugees who had migrated to Canada from Central and South America. The most highly represented country of origin was El Salvador, accounting for 36 percent of the sample. The second and third major source countries of the research participants were Guatemala and Columbia (38% combined).

The average family size of the study participants was 4 members (SD = 1.22). The majority of the Hispanic parents were married (80%). Eight (16%) of the parents were separated or divorced, 1 (2%) was widowed, and 1 (2%) was a single parent. The number of years of schooling that the parents had ranged from 8 to 23 years (M = 14.39, SD = 3.26). At the time of the study, 30 (60%) of the parents were working full-time, 8 (16%) were employed on a part-time basis, 10 (20%) were unemployed, and 2 (4%) of the parents were students. Almost all of the parents who were working part-time or were unemployed were mothers (7/8: 88% and 8/10: 80%, respectively). Eleven (28.95%) of the 38 parents who were employed were working in labour positions such as cleaning and meat-cutting. Ten (26.32%) of the parents were working in skilled trades such as carpentry, mechanics, plumbing, and seamstress positions. Nine (23.68%) of the parents were employed in semi-professional roles such as data entry and records management, home-care assistants, and laboratory assistants, and the remaining 8 (21.05%) of the parents were employed in professional occupations such as accounting, computer programming, architecture, and radiology.

Instruments

The Behaviour Questionnaire

The Behaviour Questionnaire (Merali, 1996) was used to assess acculturation in terms of behavioural expectations for adolescents (see Appendix B). This instrument consists of 24 items which address prototypical Western adolescent behaviours. Respondents are asked to indicate the degree to which they perceive each behaviour to be acceptable on a 5 point Likert scale; a rating of 1 represents a judgement that the behaviour is completely unacceptable and a rating of 5 represents a judgement that the behaviour is completely acceptable. Therefore, the maximum and minimum scores on the Behaviour Questionnaire are 120 and 24, respectively. For the purpose of this study, respondents were asked to rate the degree to which their parent or adolescent views the behaviours to be acceptable in addition to reporting their own behaviour judgements.

The items on the Behaviour Questionnaire were developed with reference to the literature on immigrant families, as well as in consultation with 14 bicultural psychologists, social workers, and settlement workers. The bicultural professionals were members of the Hispanic, Polish, Former Yugoslavian, Chinese, Vietnamese, and Farsi-speaking Muslim communities. The content validity of the instrument is supported by its inclusion of items encompassing a variety of dimensions of acculturated adolescent behaviour. Items pertaining to individualistic and autonomous behaviours such as talking back to parents, moving out on one's own prior to marriage, and activities pursued with friends rather than family, such as going to nightclubs and sleeping over at friends' houses, are one area of focus. The interaction and expression patterns of adolescents are addressed as they relate to friendship choice, dating, and style of dress. Items pertaining to adolescents' level of participation in the host culture are also included, encompassing the areas of language use, food choice, preference for Western television programming, involvement in Western cultural celebrations such as Christmas, and the adoption of materialistic values by comparing other people's possessions with one's own.

Merali (1996) conducted a reliability assessment on the Behaviour Questionnaire using a sample of 72 immigrant parents and adolescents from the 6 cultural groups represented in the development of the instrument. The Behaviour Questionnaire was translated into the languages of all of the ethnic subsamples. Each individual participant separately rated the perceived degree of acceptability of each of the acculturated behaviours for male and female adolescents as gender differences were a focus of the study. Since the translated versions of the instrument retained the meaning of the English items, data from the English and first language Behaviour Questionnaires was aggregated for analysis. Merali (1996) found that the Behaviour Questionnaire has high internal consistency (Cronbach's alpha = .91 for ratings of male adolescents' behaviour and Cronbach's alpha = .93 for ratings of female adolescents' behaviour).

The Beck Depression Inventory-II

The second edition of the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996) was used to assess depressive symptoms. The BDI-II consists of 21 items which have four response options representing varying levels of symptom severity (i.e. Likert ratings from 0-3). It has been empirically validated for use with both adults and adolescents ages 13 and up. Hispanics were included in the standardization sample and the instrument is available in Spanish (Beck et al., 1996). The BDI-II retains the reading level of its predecessor, the BDI, which is written at a grade 5 reading level (Conoley, 1992). This makes it appropriate for use with individuals with limited education and/or English literacy. One overall depression score is derived from the instrument.

Factor analysis has yielded 2 symptom dimensions: (1) Somatic-Affective. Disturbance, and (2) Cognitive Disturbance. Items grouping under the Somatic-Affective dimension cover topics such as fatigue, sleep and appetite changes, concentration difficulties, and loss of pleasure in activities, whereas items addressing pessimism, self-dislike, worthlessness, and suicidal thoughts comprise the Cognitive dimension (Beck et al., 1996). Many of the symptoms addressed on the BDI-II were found to be culturally-universal in the World Health Organization study of depression (Jablensky et al., 1981). Evidence of the convergent validity of the instrument comes from studies which have found high intercorrelations between BDI-II scores and scores on other measures of the same construct, such as the Hamilton Psychiatric Rating Scale for Depression (Beck et al., 1996). For non-clinical samples, a Cronbach's alpha of .93 has been reported (Beck et al., 1996).

The instrument also has good discriminant validity; scores on the BDI-II have been found to differentiate between nondepressed and clinically-depressed subjects, as well as to define the severity of depression experienced among clinical populations (Beck et al., 1996).

A study on the Spanish version of the BDI found that its psychometric properties were directly comparable to those of the English version and determined that it is appropriate for use with Spanish speakers (Bonicatto, Dew, & Soria, 1998). Since the second edition of the instrument differs only slightly from the original version (in ways to be described in the next section), the results of this study can be extrapolated to the Spanish BDI-II. Empirical validation studies of the newer version are not yet available. However, the inclusion of Hispanics in the standardization sample lends further support to its validity for use with this ethnic population.

Taking into account the finding that symptoms of psychological distress may be different among individuals residing in the home and host cultures, research on the BDI was examined according to the context and acculturation status of the samples. Since the BDI-II is a recent development, research on the instrument's relevance in different cultural contexts has not yet accumulated. It was assumed that findings pertaining to the BDI could be generalized to the BDI-II, as the BDI-II only differs from the first edition in four minor ways: (1) the time frame of the depressive symptoms experienced has been increased from one week to two weeks in order to conform to the duration used to define clinical depression in the DSM-IV, (2) two items addressing fatigue and worthlessness have been introduced as substitutes for items concerning body image and irritability to further conform to DSM-IV criteria, (3) more response options have been added to the sleep and appetite change items to capture both increases and decreases from regular patterns, and (4) the standardization sample for the instrument included individuals as young as age 13 (Beck et al., 1996).

The research reviewed suggested that the BDI is not necessarily empirically sound for individuals residing in indigenous contexts who have limited exposure to English language and culture (see Zheng, Wei, Lianggue, Guochen, & Chengguo, 1988). However, positive evaluations of the psychometric properties of translated versions of the BDI have been reported among subjects who are bilingual or who have immigrated to Western host societies (Gatewood-Colwell, Kaczmarek, & Ames, 1989).

Since the sample under study was heterogeneous in terms of acculturation status, it could be argued that a combined emic-etic approach to assess depression would be most appropriate, using an instrument that provides separate scores for each symptom type. This is due to the fact that individuals who are low in acculturation may report more emic (culture-specific) symptoms, whereas those who are high in acculturation may report more etic (universal or western) features of depression. Having separate scores for each symptom type would allow the researcher to examine how the scores covary in relation to study variables. The BDI-II was selected for use in this study despite its single score profile for two reasons. First, the degree of home and host culture disparity in symptom expression is an important consideration when deciding whether to use emic or etic measures. Hispanic manifestations of psychological distress have been found to focus on somatic idioms (Escobar, Burnham, Karno, Forsythe, & Goulding, 1987; Guarnaccia, 1997). As previously discussed, a somatic factor is included on the BDI-II. It is acknowledged that the wording of items may be different from how some somatic idioms are expressed in Hispanic cultures. However, wording problems are a caveat of all instruments. Second, the questions being asked in this research are questions pertaining to the degree of symptoms rather than to symptom type. Even if those who are low in acculturation express more somatic symptoms of depression than cognitive symptoms and those who are high in acculturation report more cognitive symptoms than somatic symptoms due to conversion of symptoms from emic to etic types, the overall number of symptoms each individual reports is likely to remain stable. The distinction between non-clinical and clinical depression is based on the number of symptoms reported and on the corresponding level of functional impairment (American Psychiatric Association, 1994).

It is important to note that the Centre for Epidemiological Studies Depression Scale (CES-D) was the most frequently used measure of depression in the studies reviewed by the researcher. Two factors led to the selection of the BDI-II for use in this study as opposed to the CES-D. First, in studies evaluating the reliability and validity of translated versions of the CES-D, the instrument has been administered verbally in person or over the telephone (see Roberts, Vernon, & Rhoades, 1989; Ying, 1988). Since verbal fluency rates may be different from literacy and reading levels even in subjects' first languages, reliability and validity data from verbal administrations cannot be generalized to the paper and pencil tests. Second, though translated versions of the CES-D have been found to have high internal consistency, they have been reported to have factor structures different from that of the English version (Roberts et al., 1989; Ying, 1988).

The Social Support Questionnaire

A brief questionnaire was developed to assess emotional support outside of the family (see Appendix C). The items on the social support measure address both structural and functional aspects of support (Thoits, 1982). Respondents are asked to list the individuals they can go to for emotional support as an index of network size, and to rate the frequency of contact they have with each of these people on a 4 point Likert scale, ranging from yearly to daily contact. They are asked to specify the members of their network who belong to the home and host/other groups, since coethnic and host group social support have been found to be differentially related to immigrant mental health depending on length of residence in the host society and acculturation status. In addition to specifying the ethnic status of each individual who provides support, the social support measure asks respondents to rate their degree of satisfaction with the quality of support provided by each individual on a 5 point Likert scale, ranging from completely dissatisfied to completely satisfied. A similar item which addresses satisfaction with the overall number of people in individuals' support networks from their own cultural group, the host/other groups, and in total is also included.

Three overall scores can be derived from the social support measure: (1) a total social support score, (2) a coethnic social support score, and (3) a host/other group social support score. The total social support score is calculated by summing network size, the mean satisfaction rating for quality of support provided across all members of the network, the mean frequency of contact score across the network, and the rating of satisfaction with the total number of people in the network. The coethnic and host/other group social support scores are calculated in a similar manner using data for only the relevant members of the network. Specific indices of network size, mean ratings for frequency of contact with support providers, and mean satisfaction ratings can also be obtained from the measure.

A measure of social support was created for this research as opposed to using an established measure due to the fact that existing measures of support decontextualize the immigration experience. The questions posed address issues such as who one can turn to when his/her car breaks down. For this reason, many studies of immigrants have used listings of support providers as these do not impose any restrictions on the types of life events or circumstances that lead individuals to seek emotional or instrumental assistance (see Kuo & Tsai, 1986; Pernice & Brook, 1996; Vega et al., 1987). Evidence for the test-retest reliability of networking measures comes from studies that have found individuals' friendship circles and their degree of interaction with others to remain relatively consistent within various stages of life (Carstensen, Isaacowitz, & Charles, 1999). The content validity of the social support questionnaire created for this study was ensured through the inclusion of items addressing both structural and functional aspects of social support (Thoits, 1982): Amount of support, sources of support, frequency of contact / availability of support, and satisfaction ratings.

Demographic Questionnaire

A Family Information Form was created to assess parents' and adolescents' status on demographic variables (see Appendix D). The items address parent and adolescent age and gender, length of residence in Canada, socioeconomic status (as determined by parental education and occupation), and family size. On this form, respondents are asked to list the first and last names of all immediate family members to facilitate accurate matching of parent and adolescent data sets. There is also an item which solicits participants' phone numbers for follow-up purposes.

Informed Consent Form

An Informed Consent Form was also administered to subjects (see Appendix E). It addresses the purpose and nature of the research, the time commitment required, the procedures for maintaining confidentiality and anonymity, and the emphasis on voluntary participation. The Informed Consent Form solicits the signatures of both adolescents and their participating parents. Due to the finding of prior research that the use of the term principal investigator can elicit distress on the part of refugee subjects by conjuring up associations with secret police in their countries of origin (Pernice, 1994), the term researcher was used on the form.

Like the Study Description, the Informed Consent Form frames the BDI-II as a measure of personal health; no specific reference is made to depression or mental health. This is consistent with the manner in which symptoms such as those on the BDI-II would tend to be interpreted in immigrant cultures due to the primacy attached to somatic symptoms; affective symptoms are treated as secondary (Chang, 1985). Furthermore, the framing of the BDI-II as a health assessment would serve to minimize reporting biases due to the stigma associated with mental illness in the Hispanic culture.

Simplification and Translation of Study Materials

All study materials that were not already available in Spanish (i.e. the Study Description, the Social Support Questionnaire, the Family Information Form, and the Informed Consent Form) were submitted to assessors at the Immigrant Language and Vocational Assessment/Referral Centre for modification. The assessors simplified the language used to ensure comprehension by individuals with low levels of English proficiency, and suggested changes in wording that would most appropriately capture the constructs under study. For example, the term support may not reflect the Western social support construct in immigrants' perceptions. Therefore, the assessors recommended that the instructions on the Social Support Questionnaire prompt respondents to list individuals they can go to if they want to talk about something or to whom they can turn for "help with problems". The changes made by the assessors served to facilitate clear and accurate translation of study materials.

The materials were translated using the process of forward and backward translation described earlier. Translation of study materials was necessitated by the finding that even individuals with high levels of verbal fluency in English sometimes have difficulty understanding written concepts when they are not presented in their first languages (Dunnigan, McNall, & Mortimer, 1993; Rogler, 1989). Both English and first language versions of all study materials were made available to participants to account for variable levels of English proficiency. Merali (1996) found that immigrant parents tend to prefer first language instruments, whereas adolescents tend to respond in English.

Procedures

Pernice (1994) reported that immigrants are most receptive to participation in research when the research occurs in contexts that are already familiar to them, and when members of their own cultural communities are involved in study implementation. Such conditions seem to offset skepticism about the principal investigator's intentions based on immigrants' lack of familiarity with social science research (Pernice, 1994). Taking these findings into account, questionnaire administration occurred on-site at the immigrant-serving agencies from which participants were recruited, or alternatively, within their own homes. Two bilingual and bicultural (Hispanic) members of the settlement staff at each host agency were hired as research assistants; one individual was responsible for administering study materials to parents and the other individual was responsible for concurrently administering them to adolescents.

Training

The bicultural research assistants were involved in a 3 hour training session led by the principal investigator. In this session, the following topics were covered: (1) training in responding to Likert scale items and other questionnaire formats, (2) responses to participant inquiries, and (3) referrals to professionals in the event of distress among study participants.

Though many instruments used in cross-cultural research are translated into the languages of the groups under study, participants' lack of familiarity with specific question formats may threaten the reliability and validity of the data. An orientation or explanation of how to respond to specific types of items can correct this problem (Tran, 1993). The bicultural research assistants were instructed in how to train the participants to respond to the question format of each of the instruments used in this study. They were told to use 2 specific items on each instrument as examples for explanation. Simple language was used to ensure comprehension by participants. For example, the research assistants were instructed to explain how to respond to Likert scale items on the Behaviour Questionnaire by placing the instrument on an overhead projector and by using the item "Speaking English in the Home" as one illustration. With respect to this item, a rating of 1 would indicate that the parent or adolescent believes "You should never speak English at home". In contrast, a rating of 5 suggests that "It is okay to speak English at home any or all of the time". A rating of 3 implies that "It is okay to speak English at home sometimes, but not all of the time". In order to elucidate the shades of gray between the lowest, middle, and highest ratings on the Likert scale, anchors would also be provided for ratings of 2 and 4. A rating of 2 would indicate that "Speaking

English at home is okay if it occurs only very rarely", whereas a rating of 4 suggests that "One should be able to speak English at home most of the time". In the training session, the bilingual research assistants were asked to closely examine the content and format of all study materials. They were also asked to generate potential questions on the part of subjects from their ethnic subculture. Standardized responses to each question were established through consensus between the research assistants and the principal investigator. For example, the bicultural questionnaire administrators noted that parents and adolescents may not understand the item "Dating teens from other groups" on the Behaviour Questionnaire. It appeared that some parents and adolescents could interpret the item to refer to dating across socioeconomic groups or castes, or alternatively, across political lines. The standardized explanation for this item was set as "Dating teens from cultural groups that are different from your own". This is consistent with the focus of the study on acculturation.

The final issue addressed in the training session concerned distress among study participants. There was a slight risk that completion of the Behaviour Questionnaire may heighten immigrant parents' and adolescents' awareness of intergenerational gaps and any associated family problems. In preparation for the possibility that this consciousness-raising elicits distress, the research assistants were instructed to make immediate referrals to English-speaking or first language-proficient counsellors at immigrant-serving agencies, depending on participants' expressed preferences. Liaisons with counselling professionals were established for this purpose prior to the commencement of the study.

Though the research employed a non-clinical sample, there was also a possibility that some participants may be experiencing clinically-significant levels of psychological distress in their lives. This would be reflected in their responses to the BDI-II. If participants were to report high levels of distress or suicidal ideation, it would be important to connect them with help providers. Therefore, the bicultural research assistants were trained to scan the BDI-II responses of all participants after each session. They were provided the cut-off scores for moderate and severe depression. They were also told to pay specific attention to the options selected in response to items pertaining to suicide and hopelessness. If individuals' BDI-II scores were found to be in the moderate or severe range and/or the participants endorsed suicidal ideation and hopelessness, the bicultural research assistants were instructed to make telephone calls to the participants. The purpose of the calls was to inform the participants of their BDI-II response profiles and to ask whether they want to seek help. The possibility of receiving a phone call from a research assistant was conveyed on the Informed Consent Form as a limitation of confidentiality. The information was to be presented in terms of the specific symptoms endorsed to remain consistent with the framing of the BDI-II as a health assessment. For example, a research assistant might say to a subject "You reported that you are having trouble sleeping lately, you are not eating very much, and you can't concentrate very well. Would you like to be connected to a doctor to get some help with these things?".

The English language proficiency of participants who want to seek help was to be assessed, and referrals were to be made to Canadian or Spanish-proficient family physicians. A roster of Canadian and Spanish-speaking family physicians was created for this purpose. Participants were instructed to inform the family physicians that they were involved in the "intergenerational study" so that physicians would be alerted to the fact that they may conceptualize their symptoms in physical terms. Physicians were contacted before the study began as a liaison with the hospital system; the family physicians were responsible for conducting an independent assessment of depression to guard against false positives, and if warranted, to refer individuals to English-speaking or first language-proficient psychiatrists and psychologists in the hospital system. The health system was selected for assessment and treatment of depression due to coverage of fees by Alberta Health Care. In general, the downward social mobility that accompanies immigration leaves many individuals with limited financial resources (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988).

A difficulty that was addressed in the training session concerned the need to be sensitive to the fact that adolescents under 18 years of age cannot see a physician without parental consent. Some adolescents may not want their parents to become aware of their depressive symptoms. In adolescent questionnaire administration sessions, the bicultural research assistants were instructed to pass around a piece of paper for those who do not want to receive a phone call if they report that they are "feeling sick or unhappy" to write their names down. Having this list would enable the bicultural research assistants to respect adolescents' wishes. However, when explaining the study, the bicultural research assistants were asked to emphasize the fact that adolescents can see their school counsellors for assistance if they "are not feeling well" to alert them to sources of help that can be accessed independent of parental permission.

Implementation

In the implementation phase of the study, parents and adolescents were directed to different rooms. In the host immigrant-serving agencies, questionnaire administration occurred in a small group setting consisting of 5 parents and 5 adolescents per session, respectively. The parent sessions were conducted exclusively in Spanish, whereas the adolescent sessions were conducted using both languages by following each Spanish explanation and instruction with an English translation. In each session, the bilingual research assistants introduced themselves and provided a brief overview of the purpose and nature of the study, including the information that the study constituted the principal investigator's doctoral dissertation. They also made it clear that both English and first language versions of all study materials would be available, and that they would be available to answer any questions throughout the procedure. Subsequently, they placed the Informed Consent Form on an overhead projector and explained its content. In the parent session, it was emphasized that their adolescents needed their permission for involvement in the study and that their signatures would be required on their children's' Consent Forms upon their departure from the research sites. Their verbal approval for their adolescents' participation in the study was obtained at this point. The study materials were then distributed to participants according to individual language preferences. After participants signed the Informed Consent Forms, the bicultural research assistants placed each instrument in the packet on the overhead projector for the purpose of item explanation. Participants were asked to respond to each instrument immediately after it was explained. When all of the participants had completed a particular questionnaire, the research assistants would proceed to explain the item format of the following instrument in the packet. This structured style of questionnaire administration minimizes discussion among participants, promoting genuine responses.

The entire procedure, including introductions and questionnaire explanations was scheduled for approximately an hour and a half. Participants were instructed to place completed questionnaires in a large envelope at the front of the room. The research assistants did not collect the completed packets from the table until all participants had finished. Adolescents' Informed Consent Forms were kept in a separate, uncovered pile, as they were to be taken to the room where the parent session was being held to obtain signatures. All parents and adolescents who attended the group questionnaire administrations were thanked for their participation upon their departure.

The home visit questionnaire administrations followed the same general procedure with parents and adolescents in separate rooms, each accompanied by one bicultural research assistant. No overhead projector was used. The adolescents were asked about their language preferences so that the research assistants working with them could oblige, as opposed to alternating between English and Spanish.

Data Coding and Scoring

The envelopes containing the questionnaire packets for each session and home visit were labeled according to the family members involved in the session (i.e. parents or adolescents) and the session or home visit number to facilitate matching of parent and adolescent data sets. For example, the envelope containing the data for the first parent session held was labeled "Parents - Session 1". The data was coded, scored, and analyzed by the researcher. During the data coding and scoring process, a Master List consisting of the name of each participant and the corresponding data set was compiled. A code number was assigned to each individual on the list. A parallel data list which only included code numbers was constructed. This list was used for the purpose of data entry and statistical analysis. Participants' confidentiality was protected because only the researcher had access to the data, with the exception of the scanning of BDI-II scores by the research assistants. The Master List linking names to subject numbers was kept in a locked filing cabinet in the researcher's office at the University of Alberta. Two measures ensured the anonymity of the research participants: (1) the research results were to be reported in group form, and (2) the Master List was destroyed upon completion of the study. The following chapter describes how the research data was analyzed in order to address each of the questions raised in this study.

CHAPTER IV

RESULTS

This chapter outlines the procedures used to statistically analyze the research data and presents the findings of the analyses conducted. The chapter is divided into five sections, under which all of the research questions under investigation can be subsumed: (1) descriptive statistics pertaining to Behaviour Questionnaire, Beck Depression Inventory-II, and Social Support Questionnaire scores, (2) comparisons between perceived and actual parent-adolescent acculturation disparity scores, (3) relationships between individual acculturation status and perceived and actual family acculturation disparity, (4) relationships between social support scores and depression scores, and (5) prediction of depression. These sections are preceded by a brief explanation of how the researcher addressed the few cases where there was missing data.

Missing Data

There were 7 cases where either a parent or an adolescent did not complete a particular item or two on the Behaviour Questionnaire. In response to these cases, the mean behaviour rating for the research participant across other items on the same section was inserted and incorporated into the calculation of the Behaviour Questionnaire score. For example, if a parent did not provide a perceived acceptability rating for a specific behaviour on the self-rating section of the

Behaviour Questionnaire, the parent's mean self-rating across all of the remaining 23 items was computed. The obtained number was substituted for the missing value and added to the ratings for the other 23 items when calculating the parent's total self-rating score. The 4 cases where specific items were missed on various sections of the Social Support Questionnaire were addressed in a similar manner. There was no missing data on the Beck Depression Inventory-II.

Descriptive Statistics

Behaviour Questionnaire Scores

The Behaviour Questionnaire scores of the Hispanic parents and adolescents were compared to obtain information about two factors: (1) the direction of parent-adolescent acculturation disparity, and (2) the degree of family acculturation disparity. In each of these two categories of information, distinctions were made between perceived and actual disparity.

There were three possible judgements regarding the direction of family acculturation disparity: (1) participants could evaluate the adolescent in the family to be more acculturated than the parent by providing higher Behaviour Questionnaire ratings for the adolescent, (2) they could rate the parent in the family to be more acculturated than the adolescent by providing higher Behaviour Questionnaire ratings for the parent than for the adolescent, or (3) they could indicate that the parent and adolescent in the family are equally acculturated by providing the same behaviour ratings for themselves and the other family member. Table 1 displays the frequency of each of these judgements on the part of the Hispanic parents and adolescents. The actual direction of disparity in each parent-adolescent dyad is also addressed in the table. The actual direction of disparity in each dyad was obtained by comparing the magnitude of the Hispanic parent's Behaviour Questionnaire self-rating score with the magnitude of the adolescent's Behaviour Questionnaire self-rating score. As is shown in Table 1, 46 (92%) of the Hispanic parents judged their adolescents to be more acculturated than themselves. Similarly, the majority (80%) of the Hispanic adolescents perceived themselves to be more acculturated than their parents. In reality, the adolescents in 40 (80%) of the Hispanic parent-adolescent dyads were more acculturated than their parents in terms of having higher Behaviour Questionnaire scores. In ten (20%) of the cases, the parents were found to be more acculturated than their adolescents. When the perceived and actual direction of parent-adolescent acculturation disparity was compared within each dyad to assess the accuracy of each family member's disparity judgement, 38 (76%) of the parents were found to accurately evaluate the direction of acculturation disparity between themselves and their adolescents and 42 (84%) of the adolescents made accurate disparity judgements.

The perceived and actual degree of parent-adolescent acculturation disparity in each dyad is of particular importance for this study. The mean Behaviour

Table 1

Frequencies and Percentages of Each Direction of Acculturation Disparity

Direction of Disparity	n	%
Actual		
Adolescent > Parent	40	80
Parent > Adolescent	10	20
Parents' Perceptions		
Adolescent > Parent	46	92
Parent > Adolescent	1	2
Parent = Adolescent	3	6
Accurate Judgements	38	76
Inaccurate Judgements	12	24
Adolescents' Perceptions		
Adolescent > Parent	40	80
Parent > Adolescent	8	16
Parent = Adolescent	2	4
Accurate Judgements	42	84
Inaccurate Judgements	8	16

Questionnaire scores of the Hispanic parents and adolescents were examined to obtain information regarding the degree of family acculturation disparity. The minimum and maximum scores for each section or subscale on the Behaviour Questionnaire are 24 and 120, respectively. The mean Behaviour Questionnaire self-rating score of the Hispanic parents was 61.36 (SD = 14.73). Parents' self-rating scores ranged from 38 to 98. The Hispanic parents judged their adolescents' Behaviour Questionnaire scores to average at 76.90 (SD = 19.22). Adolescents' self-ratings of the prototypical acculturated behaviours on the Behaviour Questionnaire yielded a mean score of 83.34 (SD = 15.54), with a range from 44 to 109. The Hispanic adolescents judged their parents' Behaviour Questionnaire scores to average at 73.46 (SD = 19.47).

Perceived acculturation disparity scores were obtained for each family member in each dyad by subtracting the Behaviour Questionnaire self-rating score from the estimated Behaviour Questionnaire score for the other family member and by using the absolute value of the result. The actual degree of parent-adolescent acculturation disparity in each dyad was computed by subtracting the parent's Behaviour Questionnaire self-rating score from the adolescent's self-rating score and by using the absolute value of this result. An error score was also calculated for each parent and adolescent by obtaining the absolute value of the family member's perceived degree of disparity minus the actual degree of disparity in the dyad. The number and degree of under and overestimations of the actual degree of parent-adolescent acculturation disparity within each dyad were recorded. Table 2 displays the mean actual acculturation disparity score, the mean perceived disparity scores of the Hispanic parents and adolescents, the number and mean underestimations and overestimations of acculturation disparity, and the parents' and adolescents' overall error scores. The mean scores for underestimations and overestimations of acculturation disparity reflect the average error rates among those who underestimated and overestimated the actual degree of intergenerational gaps in their families. As a point of illustration from the table, it appears that the 36 parents who underestimated the actual degree of acculturation disparity between themselves and their adolescents were an average of 17.94 points off in their disparity judgements.

The actual degree of parent-adolescent acculturation disparity varied from 1 point to 61 points on the Behaviour Questionnaire (M = 23.96, SD = 18.53). As is shown in Table 2, large numbers of Hispanic parents and adolescents underestimated the actual degree of acculturation disparity between family members (72% of parents and 54% of adolescents). In 25 (50%) of the dyads, both the parents and the adolescents underestimated the degree of family acculturation disparity. The parents and adolescents both overestimated the intergenerational gap

Table 2

Means and Standard Deviations of Behaviour Questionnaire Degree of Acculturation Disparity Scores

Type of Disparity	n	M	SD
Actual Disparity	50	23.96	18.53
Perceived Disparity			
Parents	50	15.68	14.41
Overall Error	50	17.54	15.19
Underestimations	36	17.94	14.86
Overestimations	13	17.77	16.49
Accurate Judgements	1		
Adolescents	50	19.80	16.00
Overall Error	50	15.48	14.37
Underestimations	27	18.19	12.96
Overestimations	19	14.89	15.96
Accurate Judgements	4		

Note. The n of 50 for actual acculturation disparity refers to 50 parent-adolescent dyads as opposed to individual participants.

in 9 cases (18%). Among 16 (32%) of the dyads, one family member overestimated the actual degree of acculturation disparity and the other family member underestimated the intergenerational gap. Given the number and degree of under and overestimations of acculturation disparity, it becomes apparent that the differences between the mean actual and perceived disparity scores in Table 2 have been deflated; under and overestimations of the actual degree of parent-adolescent acculturation disparity would cancel each other out in the calculation of the separate mean perceived disparity scores for parents and for adolescents, minimizing the error rates noted in the table. For example, the difference between the Hispanic parents' mean perceived degree of disparity (M = 15.68, SD = 14.41) and the actual degree of parent-adolescent acculturation disparity noted above is only 8.28 points. However, the overall error score reveals that the Hispanic parents tended to be approximately 17.54 points off in their judgements of the degree of family acculturation disparity. This attests to the importance of using absolute values to capture the true discrepancy between the perceived and actual degree of parent-adolescent acculturation disparity.

Beck Depression Inventory-II Scores

The Hispanic parents' depression scores on the BDI-II ranged from 0 to 33 (M = 8.54, SD = 7.12). Adolescents' depression scores ranged from 0 to 20 (M = 6.16, SD = 5.52). Beck et al. (1996) provided cut-off scores for the four categories of minimal depression (0 – 13), mild clinical depression (14 - 19), moderate clinical depression (20 – 28), and severe clinical depression (29 – 63). According to the scoring criteria for each category, 39 (78%) of the Hispanic parent participants scored in the minimal depression range, 7 (14%) of the parents' scores were consistent with those of individuals experiencing mild clinical depression, 3 (6%) of the parents' scores fell in the moderate clinical depression range, and only 1 (2%) parent's score was in the severe clinical depression category. Forty-four (88%) of the Hispanic adolescents' scored in the minimal depression range, 5 (10%) adolescents' scores were consistent with those of individuals experiencing mild clinical depression, and 1 (2%) of the adolescents scored in the moderate clinical depression category.

Social Support Questionnaire Scores

The extra-familial social support networks of the Hispanic parents consisted of an average of 7 members, 5 of whom were from their own ethnic communities. The Hispanic parents tended to interact with the coethnic individuals they cited as sources of social support on a weekly basis (M = 3.22, SD = 0.55). They tended to spend time with members of the host and other cultural groups on roughly a monthly basis (M = 2.44, SD = 1.63). Their self-ratings of satisfaction with the elaborateness of their support networks and with the quality of support provided indicated a high degree of contentment with the support they were receiving from members of their own cultural communities (M = 4.56, SD = 0.61). This was also the case with respect to the Hispanic parents' evaluations of support provided by members of the host/other cultural groups (M = 3.86, SD = .97). The parents' mean total social support score which takes into account network size, frequency of contact with members of the support network, and satisfaction with social support was 19.04 (SD = 4.81). Their separate overall scores for coethnic support and host/other group support were 16.74 (SD = 2.81) and 11.80 (SD = 6.12), respectively.

The Hispanic adolescents' social support networks outside of the family unit tended to be larger than those of their parents, consisting of an average of 11 members. In contrast to their parents' tendency to rely on members of their own ethnic communities for support and assistance, the Hispanic adolescents' support networks were balanced in their inclusion of roughly equal numbers of coethnics and members of the host/other cultural groups (M = 5.26, SD = 3.21 and M = 5.36, SD = 3.23, respectively). The adolescents tended to interact with the individuals they cited as sources of support on a daily basis (M = 3.62, SD = 0.57). This applied to both members of the home and host/other cultural communities. The adolescents' ratings of their satisfaction with the elaborateness of their support networks and with the quality of support provided indicated that they were very content with the support they were receiving from their own group (M = 4.58 SD = 0.67), as well as from other groups (M = 4.36, SD = 0.66). The mean total social support score for the Hispanic adolescents was 23.32 (SD = 6.00). Their average overall coethnic and host/other group social support scores were 17.80 (SD = 3.34) and 17.78 (SD = 3.95). The low standard deviations of the various indices of social support among both parents and adolescents suggests that there was little variability in social support across the sample.

Comparisons Between Perceived and Actual Acculturation Disparity

A Paired or Dependent Samples t-test was performed to assess the difference between the Hispanic parents' perceived degree of family acculturation disparity and the actual level of acculturation disparity within each parent-adolescent dyad. Another t-test was conducted to assess the discrepancy between the adolescents' perceived degree of parent-adolescent acculturation disparity and the actual magnitude of intergenerational gaps in their families. Two-tailed significance values were used to evaluate the obtained t statistics, as the literature did not suggest a particular direction of discrepancy. The results of these t-tests are presented in Table 3, as well as the results of additional t-tests assessing differences between parent and adolescent error scores and tests assessing the significance of underestimations and overestimations of acculturation disparity.

As the table shows, the first t-test found a significant difference between the Hispanic parents' perceived degree of parent-adolescent acculturation disparity as displayed in Table 2 and the actual degree of disparity in their relationships with their adolescents, $t\ (49) = -2.69$, $p < .05$. The mean difference between the

Table 3

Results of T-Tests Comparing the Perceived and Actual Degree of Parent-Adolescent Acculturation Disparity

Family Member or Comparison	M Difference	SD	t	df	p
Parents	- 8.29	21.78	- 2.69	49	.01*
Adolescents	- 4.16	20.82	- 1.41	49	.16
Parent versus Adolescent					
Error Scores	2.06	14.95	- .97	49	.34
Parents and Adolescents Combined					
Underestimators	- 17.71	14.41	- 9.76	62	.00**
Overestimators	15.44	16.56	5.27	31	.00**

*p <.05, ** p <.01 (two-tailed).

perceived and actual disparity scores among parents was – 8.29 points (SD = 21.78), reflecting the prevalence of underestimations of intergenerational gaps. The difference scores on which this t-test was based were computed by subtracting actual disparity scores from perceived disparity scores. The second t-test, computed in the same manner, focused on adolescents' disparity judgements. This test showed no significant difference between adolescents' perceived degree of acculturation disparity and the actual magnitude of intergenerational gaps between themselves and their parents. The average difference score between perceived and actual disparity among adolescents was – 4.16 (SD = 20.82), also reflecting the prevalence of underestimations of intergenerational gaps.

The very high standard deviations of the mean difference scores for perceived versus actual acculturation disparity among both the Hispanic parents and adolescents reflects the large variability in disparity judgments, as well as the existence of both extreme under and overestimations of acculturation disparity (i.e. outliers in each direction). Taking into account this feature of the data, the fact that the dependent samples t-tests are not based on absolute values presents a problem, as the results may not accurately represent the differences between perceived and actual acculturation disparity. A dependent samples t-test was performed on the error scores of the Hispanic parents and adolescents in order to assess the accuracy of the above t-tests. No difference was found to exist between their accuracy levels in appraising the degree of family acculturation disparity, invalidating the results of the previous two t-tests. Thus, the finding that there was a significant difference between the degree of perceived and actual acculturation disparity among parents and not among adolescents was likely an artifact of the different numbers and degrees of underestimations and overestimations of family acculturation disparity among parents and adolescents and their impact on their mean scores for perceived disparity.

In light of the aforementioned discovery, it seemed important to perform follow-up t-tests in order to assess whether under and overestimations of the actual degree of parent-adolescent acculturation disparity were significant. The obtained t statistics were evaluated at a .025 level of significance to correct for the possible elevation in the Type 1 error rate due to performing multiple tests (i.e. the .05 significance value was divided by the number of follow-up tests to be performed). The Hispanic parents' and adolescents' mean scores for perceived disparity were very close in the underestimation category; the mean perceived disparity scores among parent and adolescent underestimators were 12.17 (SD = 10.89) and 13.96 (SD = 13.87), respectively. There was also an apparent similarity between the mean perceived acculturation disparity scores of 26.54 (SD = 17.87) and 28.79 (SD=15.94) among parent and adolescent overestimators. This served as a rationale for pooling parent and adolescent data for a comparison with actual disparity scores in order to have enough subjects for each analysis. The pooled data yielded a mean perceived disparity score among underestimators of 12.94 (SD = 1.19) and a score of 27.88 (SD = 16.50) among overestimators, reflecting the similarity between parent and adolescent judgements. The mean actual disparity score among the underestimators was 30.65 (SD = 17.54), whereas the mean actual degree of disparity among overestimators was 12.44 (SD = 14.29). Both under and overestimations of the actual degree of parent-adolescent acculturation disparity within each dyad were found to be significant, $t(62) = -9.76$ $p < .01$ and $t(31) = 5.27$, $p < .01$. This suggests that there was a significant difference between the Hispanic parents' and adolescents' perceived and actual degree of family acculturation disparity.

In order to supplement the information regarding the degree of acculturation disparity, a Chi-Square test was performed to assess whether there was a difference between the Hispanic parents' and adolescents' levels of accuracy in judging the direction of acculturation disparity in the parent-adolescent dyad. Consistent with the analysis of error scores for degree of acculturation disparity, no difference between parents' and adolescents' accuracy rates was found, $X^2(1) = .20$, $p = .66$.

Relationships Between Individual Acculturation Status and Parent-Adolescent Acculturation Disparity

Bivariate Pearson Product Moment Correlation Coefficients were computed to examine relationships between individual acculturation status as measured by Behaviour Questionnaire self-rating scores and perceived and actual family acculturation disparity scores. Separate analyses were performed for the Hispanic parent and adolescent participants. One-tailed significance values were used to evaluate the magnitude of the obtained correlations as the research reviewed seemed to suggest specific but opposite directions for these relationships among parents and adolescents. As is shown in Table 4, individual acculturation status was not found to be significantly related to the perceived degree of acculturation disparity for either parents or adolescents. In contrast, Behaviour Questionnaire

Table 4

Correlations Between Individual Acculturation Scores and Parent-Adolescent Acculturation Disparity Scores

Variables	r	df	p
Individual Acculturation and Perceived Disparity			
Parents	-.13	48	.18
Adolescents	.09	48	.28
Individual Acculturation and Actual Disparity			
Parents	-.59	48	.00**
Adolescents	.71	48	.00**

**p<.01 (one-tailed).

self-ratings were found to be significantly correlated with actual acculturation disparity scores for both family members; the Hispanic parents' individual acculturation scores were found to be inversely related to actual acculturation disparity scores, r (48) = -.59, p < .01, whereas the adolescents' Behaviour Questionnaire self-ratings were found to be positively related to family acculturation disparity, r (48) = .71, p < .01. Taken together, these findings attest to the Hispanic parents' and adolescents' lack of awareness of the strong relationships between their acculturation status and family patterns.

Relationships Between Social Support Scores and Depression Scores

Bivariate Pearson Product Moment Correlation Coefficients were computed to assess relationships between social support and depression scores. Separate correlations were computed for the Hispanic parents and adolescents. The composite total social support score was first correlated with depression, followed by the coethnic social support score and the host/other group support score. Thus, three correlations were computed for each family member. One-tailed significance values were used to determine the magnitude of the obtained correlations as the literature reviewed suggested an inverse relationship between social support and depression scores.

No significant relationships between social support and depression scores were found for either parents or adolescents. All of the correlations were negative.

The correlations between the social support scores and depression scores of the Hispanic parents ranged from -.08 for the total support score to -.21 for host/other group social support. The correlations between the social support scores and depression scores of the Hispanic adolescents ranged from -.02 for coethnic support scores to -.08 for host/other group support scores.

Prediction of Depression

Hierarchical or Sequential Multiple Regression Analyses were performed to investigate the relationships between the acculturation variables and Hispanic parents' and adolescents' depression scores, taking into account their status on key demographic variables (i.e. length of residence in Canada, age of arrival in Canada, age, and years of schooling of the parents) and their levels of social support. Since all of the research reviewed suggested that parent-adolescent acculturation disparity is only likely to relate to depression if the adolescent is more acculturated than the parent, cases where both the perceived and actual direction of acculturation disparity suggested that the parent was more acculturated than his/her adolescent were excluded from the analyses. One parent and five adolescents met the exclusionary criteria. Cases where either the perceived or actual direction of acculturation disparity involved the parent being more acculturated than the adolescent in the dyad were not excluded as it had not yet been determined whether perceived or actual acculturation disparity relates to depression. This was the focus of the analyses being performed.

Tabachnick and Fidell (1996) recommend a preliminary review of the correlation matrix examining the relationships between individual predictors and the criterion variable to guide the multiple regression analysis. The correlations produced in the matrix are evaluated according to one-tailed significance values due to the expected pattern of relationships among each predictor and the criterion variable, as well as among individual predictors. Examination of the two correlation matrixes assessing the relationships between the predictor variables and Hispanic parents' and adolescents' depression scores revealed four important factors to take into account in planning the multiple regression analyses to be performed. First, among the demographic variables, age of arrival in Canada was found to be significantly negatively related to length of residence in Canada for both adolescents and parents at $\underline{r}\ (43) = -.84$, $\underline{p} < .01$ and $\underline{r}\ (47) = -.56$, $\underline{p} < .01$, respectively.

Second, confirming the results of the correlational analyses including the entire sample, the actual degree of parent-adolescent acculturation disparity was found to be significantly related to individual acculturation status among adolescents, $\underline{r}(43) = .69$ $\underline{p} < .01$, as well as among parents, $\underline{r}\ (47) = -.59$, $\underline{p} < .01$. Third, the demographic variables in the correlation matrix did not significantly relate to depression scores among either the Hispanic parents or adolescents. Among parents, the demographic variables were also not significantly related to the acculturation variables. However, length of residence in Canada was found to be positively related to social support scores among parents at r (47) = .35, $p < .05$. Among the adolescents, only age was found to be significantly positively related to individual acculturation status at r (43) = .35, $p < .05$, as well as to the actual degree of parent-adolescent acculturation disparity at r (43) = .33 $p < .05$. Similar to the case of their parents, adolescents' length of residence in Canada was found to be positively related to their overall social support scores at r (43) = .52, $p < .05$. The adolescents' age of arrival in Canada was found to be inversely related to their overall social support scores at r (43) = -.42, $p < .05$. Fourth, as discussed in the previous section, social support scores were not found to be significantly related to depression scores.

The first two factors attest to the existence of multicolinearity among the set of predictors, and would thus inflate the error term in the multiple regression analyses. Tabachnick and Fidell (1996) recommend excluding variables that correlate strongly with other predictors for this reason if they can be replaced by more appropriate variables that reflect similar constructs. Since age was not found to be significantly related to length of residence in Canada, but was found to be positively correlated with age of arrival in Canada among the Hispanic parents at r

(47) = .83, $p < .05$, as well as mildly correlated with age of arrival among adolescents at r (43) = .26 $p < .05$, age was used as a predictor instead of age of arrival in Canada for both the parents and adolescents. In order to address the multicolinearity between individual acculturation status and the degree of actual parent-adolescent acculturation disparity, actual acculturation disparity was left out of the multiple regression analyses as it was not found to be related to depression among either parents or adolescents, and the perceived degree of acculturation disparity seemed to be the more relevant variable. Only the perceived degree of disparity was found to be significantly positively related to depression scores among adolescents, r (43) = .32, $p < .05$. For the parents, both individual acculturation and the perceived degree of acculturation disparity were found to be mildly negatively related to depression scores at r (47) = - .24, $p < .05$ and r (47) = - .26 $p < .05$, respectively.

Even though many of the variables that the literature suggested would be related to depression scores were not found to be significantly related to depression among the present sample via inspection of the correlation matrixes, for the purpose of testing the overall research questions involving the prediction of depression on the basis of all of these variables, they were all entered into initial runs of multiple regression analyses with the exclusion of age of arrival and the actual degree of parent-adolescent acculturation disparity. Secondary runs of the multiple regression analyses using only the variables identified to be related to depression scores among the research sample were subsequently performed.

Based on the guidance provided by the literature review, demographic variables were entered in the first step, followed by the acculturation variables, and subsequently, social support scores. Separate multiple regression analyses were performed for the Hispanic parents and adolescents. The specific demographic variables entered in the first step for the parents' multiple regression analysis included age, length of residence in Canada, and years of schooling. Employment status was not used as there was very little variability across the sample. The acculturation variables entered in step two included individual acculturation status as measured by Behaviour Questionnaire self-rating scores and degree of perceived parent-adolescent acculturation disparity. Among the acculturation variables, it was of particular interest to assess whether individual acculturation status or degree of perceived parent-adolescent acculturation disparity accounts for unique variance in the prediction of depression when the two variables are entered in a single step. In the third step of the analysis, overall social support scores were entered as previous research suggested that relationship between sources of support (i.e. one's own ethnic community or members of the host/other groups) and depression depends on length of residence in Canada, which was entered on a previous step of the analysis to serve as a covariate. The multiple regression analysis for the Hispanic adolescents followed the same pattern, with the exception that only age and length of residence in Canada were entered on the first step.

Given the number of non-significant variables entered into the regressions as indicated by the correlation matrixes in relation to the low sample size for each analysis, it is not surprising that these inclusive multiple regression analyses for the Hispanic parents and adolescents did not yield significant overall models. The results of the analyses were as follows: For the Hispanic parents, $R^2 = .16$, $F(6, 41) = 1.29$, $p > .05$, whereas for adolescents, $R^2 = .21$, $F(5, 39) = 2.06$, $p > .05$. Nevertheless, in each of these multiple regressions, entry of the acculturation variables did significantly add to the prediction of depression on the second step. For the Hispanic parents, R^2 change at step 2 = .14, $F(2, 42) = 3.57$, $p < .05$. For the Hispanic adolescents, R^2 change at step 2 = .19, $F(2, 40) = 4.56$ $p < .05$. Therefore, the R^2 values for the overall models seemed to be primarily a function of the contribution of the acculturation variables to the prediction of depression.

The guidance of the correlation matrixes and the results of the aforementioned all-encompassing regression analyses were used to perform separate multiple regression analyses for the Hispanic parents and adolescents, including only the variables found to significantly relate to depression or to each other in relation to depression, i.e. individual acculturation status and the perceived degree of parent-adolescent acculturation disparity. The acculturation variables were entered on a single step. Individual acculturation status and the perceived degree of parent-adolescent acculturation disparity were found to significantly predict the depression scores of Hispanic parents at $R^2 = .14$, $F(2, 46) = 3.77$, $p < .05$, though these variables accounted for only a small portion of the variance in depression levels. The adjusted R^2 for small sample sizes was .10. The acculturation variables were also found to significantly predict the Hispanic adolescents' depression scores at $R^2 = .17$, $F(2, 42) = 4.36$, $p < .05$, and R^2 adjusted $= .13$. For both parents and adolescents, only the perceived degree of parent-adolescent acculturation disparity was found to explain unique variance in depression levels at $t(48) = -2.12$, $p < .05$ for the Hispanic parents, and $t(44) = 2.83$, $p < .05$ for the Hispanic adolescents.

The b weights, standard error of the b weights, and Beta weights for each of these variables in the prediction of depression among the Hispanic parents and adolescents are displayed in Table 5. The signs of the beta weights confirm the differential pattern of correlations reported between the perceived degree of parent-adolescent acculturation disparity and the depression scores of the Hispanic parents and adolescents; the perceived degree of disparity was found to be positively related to adolescents' depression levels and inversely related to parental distress.

Table 5

B Weights, Standard Errors, and Beta Coefficients for Acculturation Variables as Predictors of Depression

Variable	B	Std. Error	Beta
Individual Acculturation			
Parents	-.13	.07	-.28
Adolescents	-.11	.06	-.29
Perceived Degree of Disparity			
Parents	-.14	.07	-.29
Adolescents	.16	.06	.44

Subsample Depression Profiles

In light of the obtained pattern of relationships between perceived acculturation disparity and depression, depression profiles were further investigated among parents with low perceived acculturation disparity and adolescents with high perceived acculturation disparity. The selection criteria for the subsamples to be drawn for closer analysis were as follows: The parents' level of perceived acculturation disparity had to be .5 standard deviations below the mean degree of perceived disparity for the overall parent sample or lower, and the adolescents' level of perceived acculturation disparity had to be .5 standard deviations above the mean degree of perceived disparity for the overall adolescent sample or higher. Consistent with the criteria for the multiple regression analyses, cases where both the perceived and actual direction of acculturation disparity suggested that the parent was more acculturated than his/her adolescent were excluded.

Table 6 displays the number of parents and adolescents who met the criteria and whose Beck Depression Inventory-II scores indicated that they are experiencing clinical levels of depression. The table also presents the percentages of clinically depressed participants in the overall sample within the mild, moderate, and severe depression categories that are captured within this subsample. The mean depression score for the 19 parents in this subsample was 11.68 (SD = 7.10). This mean is only two points short of the lower limit of the mild depression category, i.e. a score of 14. Thus, the parents in this group were clearly experiencing some symptoms of depression. Seven (36.84%) of the 19 parents in the subsample were classified as clinically depressed according to the guidelines of Beck et al. (1996). All of the moderately depressed parents in the overall sample were captured within this subgroup of parents. Overall, 64 percent of the depressed parents in the overall sample were captured by the focus on low perceived parent-adolescent acculturation disparity. This is a very high percentage given the relatively low magnitude of the correlation between perceived acculturation disparity and

Table 6

Number of Depressed Participants Among Parents with Low Perceived Disparity and Adolescents with High Perceived Disparity and Percentages of the Overall Depressed Subsample

Category of Depression	n	%
Parents		
Mild	4	57
Moderate	3	100
Severe	0	0
Total	7	64
Adolescents		
Mild	2	40
Moderate	1	100
Severe	0	0
Total	3	50

depression among Hispanic parents. The information in Table 6 therefore suggests that the magnitude of the correlation between perceived acculturation disparity and depression has likely been decreased by the skewness in the research data. The relationship between these two variables appears to be from moderate to strong.

The mean depression score for the 10 adolescents in the subsample was 9.60 (SD = 6.67). Fifty percent of the depressed participants in the overall sample were captured by the criterion of high perceived parent-adolescent acculturation disparity. The one adolescent who was moderately depressed fell into this subsample. It is important to note that there were no severely depressed adolescents in the overall sample, and only a single severely depressed parent. The results for adolescents also suggest that the magnitude of the correlation between perceived acculturation disparity and depression was likely minimized by the skewness in the data set. In the next chapter, these results will be interpreted and integrated with other study findings, drawing heavily on the characteristics of the research sample.

CHAPTER V

DISCUSSION

The present study had five major findings. First, while the majority of Hispanic parents and adolescents accurately judged the direction of acculturation disparity in their families, they significantly underestimated or overestimated the degree of intergenerational gaps. Second, there was no difference between the parents' and adolescents' accuracy levels in appraising the degree of acculturation disparity in their families. Third, the individual acculturation status of the Hispanic parents and adolescents was found to be significantly related to the actual degree of parent-adolescent acculturation disparity. However, there was no significant relationship between individual acculturation status and perceived degree of acculturation disparity. Fourth, only the acculturation variables were found to significantly predict both Hispanic parents' and adolescents' depression levels. Compared to individual acculturation status, only the perceived degree of parent-adolescent acculturation disparity accounted for unique variance in depression scores. Fifth, the perceived degree of parent-adolescent acculturation disparity in the family was found to be positively related to adolescents' level of distress and inversely related to depressive symptoms among parents. Consistent with the thesis put forth in this dissertation, the strength of the relationship between perceived parent-adolescent acculturation disparity and depression was borne out in a focused investigation of the depression profiles of parents with low perceived acculturation disparity and adolescents with high perceived acculturation disparity. This chapter attempts to explain these results and other non-significant findings in the context of existing research, taking into account the characteristics of the sample. The limitations and implications of the study are outlined and directions for future research are delineated.

Differences Between Perceived and Actual Parent-Adolescent Acculturation Disparity

The Hispanic refugee parents who participated in this study generally accurately perceived their adolescents to be more acculturated than themselves. Similarly, the youth participants generally accurately construed their parents as being relatively less accepting of adolescent behavioural shifts towards Western norms. There were some cases where parents were both perceived to be and were actually more acculturated than their adolescents. This family acculturation pattern has not been identified in previous research. It has generally been assumed that adolescents are always more acculturated than their parents. The degree of acculturation disparity among parent-adolescent dyads displaying this atypical pattern was assessed and it appeared that the parents' and adolescents' levels of acculturation were relatively parallel; on average, there was only a 5 point gap in terms of actual acculturation disparity. The literature reviewed suggested that when family members are close in acculturation, this would not present a problem in terms of interfering with stage-salient developmental tasks, or in terms of producing stress for individual family members.

The Hispanic parents' levels of acculturation were found to be inversely related to the actual degree of acculturation disparity in the parent-adolescent dyad, whereas adolescents' levels of acculturation were found to be positively related to the actual degree of family acculturation disparity. This trend likely related to the aforementioned fact that in most cases, the adolescents were more acculturated than their parents. Therefore, the more acculturated an individual parent is, the more congruence there would likely be between the parent and the adolescent in the family. Similarly, the more acculturated an adolescent is, the more disparity that is likely to exist between the parent and the adolescent in the family. Consistent with the Hispanic parents' and adolescents' lack of awareness of the true degree of intergenerational gaps in their families, they seemed to be unaware of how their individual acculturation status relates to family patterns.

A number of explanations can be advanced in an attempt to illuminate the findings pertaining to the Hispanic parents' and adolescents' lack of awareness of family dynamics and their tendency to underestimate or overestimate the degree of family acculturation disparity. Rogler (1999) discovered that Hispanic families who were in the process of settling into a new host society were characterized by low levels of verbal sharing or companionship. Family members tended to focus on their own roles and responsibilities in the family unit and in the new society in order to successfully integrate. If the amount of family discussion about parent and adolescent relationships is limited due to a focus on successful societal integration, there would be no perception-checking mechanism in place for family members to assess the accuracy of, and to consequently modify, their judgements of each other.

The condition of low verbal sharing among family members could perpetuate misappraisals of the degree of parent-adolescent acculturation disparity as people have been found to selectively attend to and process information that confirms their perceptions or cognitive appraisals (Bargh & Chartrand, 1999). Also, through their own behaviour towards other people, individuals can elicit confirmatory evidence for their perceptions of others (Bargh & Chartrand, 1999). For example, a refugee adolescent who perceives her father to be less acculturated than he actually is may intentionally behave differently inside and outside of the home. Her continued use of Spanish when inside the home may elicit the parent's perception that she desires to retain her use of her native language as much as possible. His reinforcement of her commitment to her home culture may confirm her belief that her father does not approve of any aspect of culture shedding. Thus, she may further refrain from displaying other acculturated behaviours in the home.

Even if family discussions do ensue among immigrants and refugees, cultural rules surrounding parental authority may prevent adolescents from openly disagreeing with their parents in the course of such discussions, thus minimizing corrective feedback. Fuligni and Tseng (1999) found that first generation immigrant and refugee adolescents were the least likely to openly disagree with their parents in family conversations when compared to second and third generation peers. This is likely due to the fact that first generation youth's display of assimilative behaviours have been found to be predictive of family hassles or parent-child conflicts, as well as depression (Noels, 1999). Thus, adolescents may keep to themselves in order to avoid negative outcomes. The Hispanic refugee families who participated in this study were all first generation immigrants. The difference between first generation and second and third generation youth may also reflect a difference in their acculturation status. First generation adolescents are immersed in the culture of their country of origin since this is where they were born, and are also saturated with the values and practices of the new country where their growth experiences are taking place. In contrast, second and third generation adolescents have been disproportionately exposed to Western influence, which may lead to the perception that disagreeing with parents is an appropriate and acceptable behaviour. One of the items on the Behaviour Questionnaire addresses the issue of "talking back to parents", as well as to other relatives.

Gil and Vega (1996) found that the existence of parent-adolescent acculturation disparity can itself reduce family cohesion and social support among Hispanics. This finding lends further credence to the development of a self-perpetuating cycle in the family system: An initial appraisal that parent-adolescent acculturation disparity exists may produce a decline in family interactions and discussions, which precludes the feedback needed to accurately assess the degree of disparity. This in turn, can lead to behaviours on the part of both parents and adolescents that confirm their perceptions about each other. However, the different directions of the relationship between the perceived degree of parent-adolescent acculturation disparity and depression among the Hispanic parents and adolescents in this study attest that these effects may depend on the specific family member who is making the appraisal. These relationships will be discussed in a later section.

Cycles where information may either be actively concealed from family members or when misperceptions of family members are perpetuated through individual behaviour can make it difficult for parents to accomplish stage-salient developmental tasks. To reiterate, in Erikson's theory of psychosocial development, middle adulthood is conceptualized as a phase characterized by a crisis of generativity versus stagnation (Erikson, 1963). For parents, the central task involved in this stage is mastery of the childrearing process and the propagation of the family system (Muuss, 1988). The nature of this developmental stage keeps the focus of parents on their children or adolescents; a large part of parents' role involves closely monitoring and attempting to shape the behaviour of their children. If adolescents do not share their views of specific acculturated behaviours in family discussions or do not display specific behaviours they tend to engage in when with their parents, the parents' ability to monitor and shape the adolescents' behaviour would be impaired or minimized.

The central task associated with the adolescents' developmental stage is identity formation. This process generally occurs through greater peer identification than family involvement (Erikson, 1963). Through their school experiences, refugee youth are presented with various role models both within and outside of their cultural communities (Roizblatt & Pilowsky, 1996). They must closely attend to peer behaviour in order to form an identity that is consistent with their own self-ideals. It is through experimentation with different behaviours that are observed that adolescents develop a consolidated sense of self (Erikson, 1963). Thus, adolescents may underestimate or overestimate the degree of acculturation disparity in their families due to their greater focus on themselves and on their peer relationships than on parental behaviour.

Relationship Between Parent-Adolescent Acculturation Disparity and Depression

The primary objective of this dissertation was to establish a relationship between parent-adolescent acculturation disparity and depression. This objective has been achieved. The perceived degree of parent-adolescent acculturation disparity was found to be significantly related to depressive symptoms among both parents and adolescents. A large percentage of the Hispanic parents and adolescents in the overall sample who were experiencing clinically-significant levels of depression were identified through a focused investigation of the depression profiles of parents with low perceived acculturation disparity and adolescents with high perceived acculturation disparity. Although the other parents and adolescents in these subsamples had subclinical levels of depression, their mean depression scores clearly indicated that they were experiencing some depressive symptoms. These findings suggest that the obtained correlations between perceived acculturation disparity and depression among parents and adolescents were likely underestimations of the "true" relationships between these variables as they were influenced by the extremely high and extremely low perceived disparity scores in the data set. This is also likely the case with respect to the low percentage of variance accounted for in the Hispanic parents' and adolescents' depression scores.

The fact that only the perceived degree of parent-adolescent acculturation disparity was found to account for unique variance in the Hispanic parents' and adolescents' depression scores qualifies existing research on acculturation; with respect to culture shedding or assimilative behaviours, it appears the relationship between individual acculturation status and mental health outcomes is contingent upon the degree of congruence or incongruence between an individual's level of acculturation and that of others in his/her sociocultural environment. As was stated in the first chapter, the family represents one's most immediate social context. Discrepancies between the acculturation status of different family members can affect the performance of stage-salient developmental tasks and produce the stress response. The importance of perception as opposed to the actual state of affairs is emphasized in models of stress, which will be referred to in this section.

The positive relationship between the perceived degree of parent-adolescent acculturation disparity in the family unit and the Hispanic adolescents' depression levels suggests that among adolescents, underestimations of intergenerational gaps would relate to better mental health outcomes than overestimations of intergenerational gaps. Previous research also suggests that inaccurate appraisals of family acculturation disparity would have different relationships with refugee adolescents' symptoms of psychological distress depending on whether the actual disparity level is under or overestimated. An underestimation of the actual degree of parent-adolescent acculturation disparity could be considered to represent a positive illusion or "functional" cognitive distortion. Adolescents who erroneously view their parents' acculturation levels to be relatively congruent with their own may perceive less demand for them to behave differently in and outside of the home, maintaining consistent behaviour patterns. When paired with high commitment to either the home or host cultural identity, situational stability in ethnic identity has been found to be protective against the development of depressive symptoms as compared to high situational variance in ethnic behaviour (Damji et al., 1996).

The above condition reflects the accomplishment of the stage-salient developmental task of establishing a stable cultural identity. It has been postulated that failure to accomplish stage-salient developmental tasks predisposes individuals to develop depression, whereas achievement of life tasks promotes positive mental health outcomes (Cicchetti & Toth, 1998). Also, if adolescents misjudge the level of family acculturation disparity to be lower than the actual amount, perceived family support and cohesion would be preserved. Familial social support is another factor that has been identified as a buffer against depression among immigrant and refugee groups (Berry et al., 1987; Kuo & Tsai, 1986; Lee et al., 1996; Vega et al., 1987). Lowered demands for situational variance in ethnic behaviour and social support both relate to the construct of stress. Stress was defined as a multidimensional response to a perceived imbalance between situational demands and personal coping resources (Hiebert, 1988; Lazarus & Folkman, 1984). Personal coping resources include social support. Thus, it appears that adolescents' underestimation of parent-adolescent acculturation disparity would minimize stress, and relate to fewer depressive symptoms. The relationship between stress and depression has been well documented (Jablenski, 1981).

It is important to note that if adolescents perceive their parents to be closer to them in acculturation status than they actually are, the adolescents' maintenance of the same behaviours inside and outside of the family may serve to inform parents about their actual acculturation status. Thus, though described as a "cognitive distortion", an underestimation of parent-adolescent acculturation disparity on the part of teens could eventually lead to their parents being able to accurately judge their acculturation status and preclude any need to conceal behaviours or views of behaviours. The behaviour of parents in response to the adolescents' display of some acculturated behaviours in the home could also have the effect of informing adolescents about their parents' actual acculturation status, correcting inaccurate adolescent appraisals. The corrective feedback that both parents and adolescents would receive could minimize the negative feedback loops discussed, as well as promote openness in family discussions with the result of greater family cohesion. Therefore, it seems that positive illusions may have the potential to be self-correcting over time.

The body of research on stress and stage-salient developmental tasks described in this dissertation suggests that overestimation of family acculturation disparity among adolescents could be considered to represent a negative cognitive distortion; this type of misappraisal would likely relate to greater depressive symptoms than alternate judgements. Adolescents who perceive larger intergenerational gaps than those that actually exist may feel compelled to behave differently in and outside of the home. Reduced family cohesion and perceived support could also result from these perceptions. Therefore, it appears that overestimation of parent-adolescent acculturation disparity would likely increase the amount of stress experienced on the part of adolescents.

The inverse relationship between the Hispanic parents' perceived degree of parent-adolescent acculturation disparity and depressive symptoms is unexpected. The majority of studies reviewed suggested that parents who view their adolescents to be more acculturated than they are may feel ineffective in the parenting role due to the perception that they have failed to transmit their cultural heritage to their children (Baptiste, 1993; Lipson, 1992; Pruegger, 1995; Segal, 1991). Such a belief, in turn, would diminish personal efficacy. Perceived self-efficacy has been found to be inversely related to depression among refugees (Tran, 1993), and has been identified as a core personal coping resource in models of stress (Lazarus & Folkman, 1984).

On the basis of the findings of the present study, a neglected alternative hypothesis emerges: Parents who perceive their adolescents to be more acculturated than themselves may feel effective in the parenting role as their children would be viewed to be successfully integrating into the new host culture. This would eventually enable the youth to secure advantaged social positions and become upwardly mobile, serving as a source of pride and assistance to their parents. Such an end result would lead parents to feel that they have mastered the childrearing process, accomplishing their stage-salient developmental task. In some cultures, parents may actually encourage adolescents to shed various cultural behaviours when outside of the home. For instance, many Chinese immigrant parents encourage their adolescents to speak English when interacting with friends outside of the home due to the belief that mastery of English will facilitate academic achievement (Huang, 1994). However, they tend to encourage the use of Chinese within the home for the purpose of cultural preservation (Huang, 1994).

In a study of Hispanic families, Rueschenberg and Buriel (1989) found that the encouragement of culture-shedding behaviour is context-dependent. They found that as parents' levels of acculturation increased, they tended to become more involved in Western social and cultural systems outside of the home and to encourage such involvement among their children. However, their basic internal family system and rules tended to remain static. This context-specificity may have contributed to the weak magnitude of the correlation between the perceived degree of family acculturation disparity and the Hispanic parents' depression scores.

It appears that the context-specific acculturation that could facilitate parental psychological adjustment by maintaining parenting efficacy could serve to compromise adolescent adjustment by promoting situated ethnicity. The results of this study suggest that among parents, underestimation of the degree of parent-adolescent acculturation disparity could be considered to be a negative cognitive distortion, whereas overestimation of family acculturation disparity would represent a positive illusion.

Explanations for the Low Percentage of Variability in Depression Accounted for by Acculturation Variables and for Low Depression Scores

The combination of individual acculturation status and the perceived degree of parent-adolescent acculturation disparity only accounted for a small percentage of the variability in Hispanic parents' and adolescents' depression scores. The skewness in the data set has already been addressed as one possible factor minimizing the correlations between these two variables and the percentage of variance accounted for in depression scores. Given the non-significance of the demographic variables and social support scores entered into the prediction models, the low percentage of variance explained is not surprising. No single set of predictors could be expected to account for a very large portion of the variability in depression levels. The stress-diathesis model of depression described in the introduction emphasizes the cumulative effects of predisposing factors, including personality traits, precipitating events, and different types of chronic stresses and strains in the development and maintenance of depressive symptoms (Haas & Fitzgibbon, 1989). Uncovering each contributing factor advances our knowledge about depression and provides ideas about how various factors related to depression can be addressed in order to prevent or reduce depressive symptoms among those whose overall profiles place them at risk for negative mental health outcomes.

In a study of young adult South Asian immigrants who had resided in Canada for an average of 6.3 years, Noels (1999) found the individual acculturation strategies of separation, marginalization, integration, and assimilation to account for 20 percent of the variance in their depression scores. The assimilative strategy was found to explain unique variance in the South Asian youth's depression scores. Furthermore, assimilation was found to be significantly related to the experience of family hassles and conflicts surrounding acculturation status.

When Lay and Nguyen (1998) combined different types of chronic stressors or hassles with length of residence in Canada as predictors of depression among a Vietnamese sample which included refugee youth, their multifactorial model accounted for 43 percent of the variance in depression scores. Their model included general stressors unrelated to acculturation, such as financial difficulties, interpersonal difficulties, family conflicts, and dissatisfaction with one's body image. It also included stressors specific to the acculturation process. These stressors were separated into ingroup and outgroup hassles. Ingroup hassles included feeling a lack of closeness to family and coethnic friends and trouble sharing views and ideas with family members due to being perceived as too "Western". Out group hassles addressed experiences such as racism and discrimination. The ingroup hassles, which can be potential consequences of parent-adolescent acculturation disparity according to the literature reviewed, were found to explain unique variance in depression scores. Family hassles unrelated to acculturation were not found to be related to depression.

On the basis of the above studies, it appears that the consequences of parent-adolescent acculturation disparity in terms of family conflict, reduction in family cohesion and support, and the interference of the need to conceal views of acculturated behaviours from family members for the process of identity development may play an important role in mediating the relationship between the perceived degree of disparity and depression levels. If such consequences were addressed along with the acculturation variables in the model investigated in this study, the prediction of depression may have been enhanced. For example, Asner (1999) found that identity resolution as measured by a questionnaire reflecting Erikson's psychosocial stages of development was the only significant predictor of depression among first generation Central Americans young adults, taking into account demographic variables and attributional style.

All of the above studies focused on youth. Taking into account the different direction of the relationship between Hispanic parents' perceived degree of parent-adolescent acculturation disparity and their depression scores, these consequences of family acculturation disparity may not necessarily be equally relevant to parents' experiences of depression. The low degree of variability in depression scores among the research sample in the present study also likely served to minimize the strength of the relationship between the acculturation variables and depression scores. In the Lay and Nguyen (1998) study, there was much more variability in depression levels ($\underline{M}$ = 13.4, $\underline{SD}$ = 12.6).

When specifically addressing the mental health of refugees, we must also take into account the fact that the experience of premigration trauma can exacerbate acculturation strains, and increase depression levels (Tran, 1993). For refugees, negative premigration experiences may make the acculturation process more challenging than it is for voluntary immigrants due to limited psychological resources to devote to cultural integration (Tran, 1993). Therefore, the focus on post-migration factors in the prediction of depression in the present study as well as in the Lay and Nguyen (1998) study cannot be considered to represent a holistic model of refugees' psychological distress. These studies only intended to address one part of the refugee mental health equation, substantiating the respective percentages of variance accounted for in depression scores.

The existence of positive illusions among the Hispanic adolescents and parents in this study (54% and 13%) could be considered to be one factor explaining the generally low depression scores of the research sample. Another important explanation for the low depression scores of the research participants relates to their levels of social support. The Hispanic parents and adolescents reported that they were highly satisfied with their social support networks outside of the family unit. The Hispanic parents had many people to turn to for emotional support. Although their support networks consisted primarily of members of their own ethnic group, they did report obtaining some support from members of the host group as well. Adolescents tended to have even larger social support networks than their parents, as well as a greater frequency of contact with support providers. This is likely due to the greater opportunity they have to interact with others when enrolled in school. Also, the adolescents' social support networks tended to include more members of the host society. This difference between the sources of support of refugee parents and adolescents may reflect discrepancies in their acculturation status as degree of host group affiliation is often used as an index of culture shedding on acculturation scales (Orozco, Thompson, & Kapes, 1993; Sodowsky & Plake, 1991; Suinn, Richard-Figueroa, Lew, & Vigil, 1987). Despite these differences, both the Hispanic refugee parents and their offspring reported similar degrees of satisfaction with the support they were receiving.

The results of a factor analysis of dimensions of social support conducted by McCormick, Siegert, and Walkey (1987) suggest that structural aspects of social support including network size, frequency of contact, and sources of support, are distinct from the functional dimension of perceived satisfaction with the support provided. Therefore, even if the Hispanic parents reported lower numbers of support providers than their adolescents, if they are highly satisfied with the support received, this may protect them from negative mental health outcomes by reducing the stress they experience. Since the construct of stress has been defined as a "perceived" inequity between situational demands and personal coping resources, which include social support, the high perceived satisfaction with social support reported by both the Hispanic parents and adolescents involved in this research could produce the appraisal that they can successfully cope with the challenges of the acculturation process.

The fact that there was little variability in participants' levels of social support was likely related to the criterion that they be either current or former utilizers of services offered by immigrant-serving agencies. These services often involve connecting refugees with other members of the community and bolstering supportive relationships, as well as assisting individuals to integrate into the host society in terms of finding employment. The majority of the parents in the present study were employed on a full-time basis, and those who were employed were evenly dispersed across various occupations as opposed to primarily in labour positions. In addition, almost all of the parents who were working part-time or who were unemployed were mothers; they may have chosen to dedicate themselves to raising their children. The average family size of 4 members indicates that many of the participating parents had another child besides the adolescent participating in this study. If some mothers can be considered to be unemployed by choice, then the employment rate of the sample can be taken to be very high. This is particularly significant in light of the finding that Hispanic refugees identified the issue of employment to be among their top presenting concerns in a study conducted by researchers at the Prairie Centre for Research Excellence on Immigration and Integration (1999).

It can be concluded that the participants in this study were well-established and integrated into the host society in terms of employment in addition to levels of social support. Their involvement in the work force likely enhanced their level of contact with others, facilitating the development of supportive relationships. In combination with the low variability in depression scores, the low variability in social support scores across the sample likely precluded the finding of a significant relationship between social support and depression in this study. The positive relationship between length of residence in Canada and degree of social support suggests that the parent-adolescent dyads in the sample tended to become more integrated with members of their own ethnic community and the host group over time. This attests to the effectiveness of the settlement services that they received.

In the Lay and Nguyen (1998) study, length of residence of Canada was found to moderate the relationship between the experience of various types of stressors or hassles and the Vietnamese youths' depression scores; the longer the youth had resided in Canada, the weaker the relationship between the experience of hassles and depression. In the present study, length of residence in Canada was not found to be significantly related to Hispanic parents' or adolescents' depression scores. Upon closer examination, the various phase-related risk hypotheses which link length of tenure in the host society with psychological distress (Beiser, 1988) seem to posit an indirect relationship. The culture shock theory suggests that a longer length of residence in the host society would be related to greater linguistic, cultural, and social integration, and consequently to less distress (Kuo, 1976). Other theories posit that the late phase of resettlement is characterized by the experience of language barriers, unemployment or underemployment, and racism and discrimination, which may relate to increased psychological symptom levels (Berry & Kim, 1988; Sluzki, 1979). Lay and Nguyen's predictive model of depression did not include social support. The results of the present study suggest that length of residence in Canada may have moderated the relationship between the experience of various stressors and depression among their sample through its positive relationship with social support. This relationship is consistent with the culture shock theory. Models of stress emphasize the role of social support in balancing situational demands and personal coping resources (Lazarus & Folkman, 1984).

The other demographic variables of age and parental years of schooling were also not found to be related to depression in the present study. Age was not found to be significantly related to depression in the Lay and Nguyen (1998) study. In a study of Southeast Asian refugees, Pernice and Brook (1996) also did not find significant relationships between the demographic variables of age, gender, employment status, and years of schooling and the refugees' depression levels. It is possible that like length of residence in Canada, demographic variables only relate to depression via their impact on other variables, such as acculturation status and social support. Merali (1996) found that parental age and years of schooling were positively related to parents' scores on the Behaviour Questionnaire. In the present study, age was found to be positively related to adolescents' degree of acculturation, as well as to the actual degree of family acculturation disparity. Similarly, age of arrival in Canada was found to be negatively related to the degree of social support that the adolescents reported. As already pointed out, however, the low variability in both social support and depression scores among the present sample likely precluded the finding of a significant relationship between these two variables.

The findings that immigrants and refugees only tend to present with and seek help for psychological difficulties when they reach a point of "acute crisis", and that they tend to present to medical professionals due to conceptualizing their symptoms in physical terms (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a) form the basis of another possible explanation for the low depression scores of the sample. The Hispanic refugee parents and adolescents who participated in this study were members of a non-clinical, community sample. Studies focusing on community samples of immigrants and refugees have found them to report lower rates of psychological distress than native born individuals. However, a reverse trend has been found among people surveyed in medical settings (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). When the number of Hispanic parents and adolescents whose depression scores fall within the mild, moderate, and severe depression categories are collapsed, this yields a rate of 22 percent of parents and 12 percent of adolescents presenting with depressive symptoms. This rate is consistent with the rate of 15 – 20 percent for depression among Caucasian adolescents and adults as obtained in studies of non-clinical, community samples (Cicchetti & Toth, 1998).

Challenges Encountered in Study Implementation

Another factor that may account for the depression profiles of study participants relates to the difficulties experienced during the sample recruitment process. Although the word "depression" was not used in study materials, the bicultural research assistants reported that many potential participants were aware that the study focused on depression. Their reports are consistent with the results of a study conducted by Sinclair (1999). He presented a vignette about a person experiencing depressive symptoms to individuals from non-Western cultures and prompted them to identify what was wrong with the target person. Participants' accurately identified the vignette as representing a case of depression. In the process of recruiting participants for the present study, the bicultural research assistants noted that many settlement service utilizers who they knew to be experiencing depression chose not to become involved in the research. Thus, there was a self-selection bias operating. The reasons that people cited for declining participation related to fears about being identified as "needing psychological help". This was reportedly considered to be a negative as opposed to positive outcome. Due to this difficulty in participant recruitment, the size of the obtained sample for this study is half of the proposed sample of 100 dyads.

Upon critical examination of methodological problems encountered in research on the mental health of Hispanics in the United States, Escobar, Nervi, and

Gara (2000) cited self-selection bias as one explanation for the low rates of psychological distress sometimes reported among foreign-born Hispanics drawn from community samples. It is possible that difficulties in recruiting participants for this type of study could be minimized through collaboration with researchers investigating other aspects of the refugee experience and embedding a focus on depression within large-scale studies of refugee adjustment. Although potential participants would likely recognize that a specific aspect of the study relates to depression, they would not necessarily equate this topic with the focus of the research and be deterred from participating.

The questionnaire administration process posed additional challenges. Initially, questionnaire administration was planned to occur exclusively in a group format. After a trial period, the bicultural research assistants reported that many of the parent-adolescent dyads who had expressed an interest in participating in the study were not following up by attending the group sessions. The bicultural research assistants proposed that home visits could be conducted to involve these families and provide further assurance of confidentiality. Implementing the study through home visits would also maximize parents' and adolescents' comfort level in asking questions about the research instruments or in disclosing any personal difficulties due to the private nature of the setting. Close to half of the participants who were referred to counselling services based on their depression profiles or personal disclosures of distress were identified through home visits.

A final challenge and learning based on the implementation phase of this research relates to the time frame for questionnaire administration. The bicultural research assistants reported that home visits took them approximately double the amount of time that was planned for each session (1.5 hours). The extra time was spent "socializing" with the participants. The bicultural research assistants noted that they would likely be perceived as rude if they did not partake in the food offerings that were made or engage in social interactions initiated by study participants. They expressed that this hospitality and warmth towards others is an integral part of the emphasis on communalism as opposed to individualism within their culture. Declining such involvement would detract from their rapport with the parents and adolescents, possibly affecting the quality of information obtained in the study implementation process.

Limitations

The present study has one delimitation and two limitations. The study employed a non-random sample. Because participants were recruited through immigrant-serving agencies, there was a disproportionate number of people who had successfully integrated into the host society in terms of their employment status and levels of social support. This limits the external validity of the findings to refugees who are experiencing the downward mobility spiral characterized by unemployment or underemployment and social isolation (See Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a & b; Krahn, Derwing, Mulder, and Wilkinson, 2000). However, most studies of immigrants and refugees use non-probability or networking samples due to the risk that randomly selected subjects will feel obligated to participate on the basis of cultural norms surrounding respect for authority, as well as unassertiveness (Pernice, 1994).

The first limitation of this study is that the use of self-report measures may elicit socially-desirable responses. Pernice (1994) noted that this is especially likely when respected community members are involved in study implementation. The bicultural research assistants who assisted with sample recruitment and questionnaire administration could be considered to be respected members of the Hispanic community on the basis of their professional status and positions within local immigrant-serving agencies. As mentioned previously, the stigma associated with mental illness and depression in the Hispanic culture was reported to prevent some individuals from participating. Even though the Beck Depression Inventory-II was framed as a health assessment, many people recognized the fact that the study focused on depression. Nevertheless, the data obtained from the Hispanic refugees who did partake likely represents an accurate reflection of their psychological adjustment. This is due to the consistency between the participants' depression scores and their sociodemographic profile, the high levels of perceived extrafamilial support that they reported, and the frequency of positive illusions among the sample.

In terms of self-reports of family acculturation disparity, the parents and adolescents were separated during the questionnaire administration, ruling out any collaboration. This condition would make it very difficult for them to estimate each other's acculturated behaviour ratings and to provide socially desirable responses. Furthermore, the comparison of parents' and adolescents' perceived acculturation disparity scores with the actual degree of family acculturation disparity during the data analysis process provided an accuracy check for their self-reports.

The second limitation of the present study is the small sample size in comparison to the number of variables entered into the multiple regression analyses and the number of tests that were performed in the study. Despite the low numbers, the consistency of the findings with psychological theories, existing research, and the demographic profile of the sample supports their accuracy.

Implications of the Study

The results of this study suggest that the perceived degree of parent-adolescent acculturation disparity in a family unit is related to the experience of depressive symptoms among Hispanic refugees. The difficulty in planning intervention strategies stems from the fact that the perceived degree of parent-adolescent acculturation disparity was found to be differentially related to the depression levels of Hispanic parents and adolescents. Overestimations of the actual degree of family acculturation disparity seem to be health-compromising among adolescents and underestimations of family acculturation disparity seem to be health-compromising among parents. Therefore, correcting a negative cognitive distortion on the part of one family member in attempt to address depressive symptoms could yield unfavourable consequences for the other family member. On the basis of these findings, it seems necessary to adopt a systemic approach when working with acculturation issues in the counselling process: The consequences of correcting or maintaining misappraisals of family acculturation disparity must be assessed for each individual family member and for the family unit as a whole prior to implementing any intervention. Factors to be taken into account should include the level of psychological adjustment or depression of each individual family member, parent and adolescent personality characteristics in terms of potential reactions to family acculturation disparity, and family interaction patterns.

Consider the following circumstances: An adolescent is presenting with many depressive symptoms related to the misperception that her father's level of acculturation is less congruent with her own than it actually is. She finds it stressful that she cannot "be herself" at home due to this perception. The father is generally well-adjusted and only appears to be experiencing a few depressive symptoms. He presents as a mild-mannered man who conveys feeling a lack of closeness to his daughter and a desire to feel more connected to her. The relative difference in levels of depression among the father and daughter and the desire of the father to have a close relationship with his daughter are of central importance. The daughter's misperception of the acculturation disparity in the family would likely perpetuate both her own depression and the emotional distance in the parent-adolescent relationship that is of concern to her father. In this case, it appears that emphasizing the congruence between the adolescent's and parent's level of acculturation could simultaneously address the daughter's depressive symptoms and foster the development of a close parent-adolescent relationship.

An initial step in correcting negative cognitive distortions surrounding family acculturation disparity involves facilitating family discussions about the acceptability of various acculturated adolescent behaviours as a lack of dialogue about these issues would serve to perpetuate misjudgements. Any emerging differences in the perceived acceptability of certain behaviours during family discussions can be normalized by using "cultural brokering". Speigal (1982) describes cultural brokering as an intervention whereby the blame for conflicting expectations for behaviour among different family members is attributed to the acculturation process as opposed to the faults of individual family members. Alternative explanations for parents' and adolescents' perceptions of each other's behaviours in family conflicts surrounding acculturation are then explored and substantiated. This procedure is usually implemented with both parties present and involves a collaborative renegotiation of acceptable and unacceptable behaviours in the family unit. Cognitive-behavioural approaches to family intervention which target family members' perceptions of one another and their behavioural attributions have been found to be effective in altering both family schemas and family dynamics (Smith & Schwebel, 1995).

An important question arising from the present study is: Should we attempt to alter positive illusions (i.e. underestimations of the actual degree of parent-adolescent acculturation disparity among adolescents and overestimations of the actual degree of parent-adolescent acculturation disparity among parents)? The present study suggests that these types of misappraisals would relate to better mental health outcomes in terms of fewer depressive symptoms. Research on the relationship between positive illusions and mental and physical health provides a reference point for answering this question. Peterson (2000) postulates that a cost-benefit analysis needs to be performed when determining whether to intervene in the case of positive cognitive distortions. He discusses the example of individuals who believe that they are invincible when it comes to developing sexually transmitted diseases and who consequently do not engage in safe practices. Thus, his argument focuses on the fact that positive illusions may sometimes prevent people from planning their behaviour in a manner that is likely to minimize negative outcomes and maximize positive outcomes. In such cases, he advocates intervention. On the other hand, when people are living their daily lives in a manner that does not pose any threat to their well-being or the well-being of others, apart from any problems encountered if their illusions are later disconfirmed by evidence, intervention is discouraged.

Underestimations of the actual degree of parent-adolescent acculturation disparity in the family unit by adolescents could yield multiple consequences. If adolescents erroneously believe that their parents' level of acculturation is more congruent with their own than it actually is, they may behave in a similar manner in the home and school contexts. Their parents may then reprimand them for engaging in behaviours that they perceive to be unacceptable, as parents' encouragement of culture shedding behaviour appears likely to be selectively enforced outside of the home. It is also possible that adolescents may not bother arguing with their parents about the appropriateness of particular acculturated behaviours due to the assumption that their parents also consider them to be acceptable. The eventual outcomes of each of the scenarios discussed would be either the development of a conflictual family interaction or the correction of the misappraisals of parent-adolescent acculturation disparity. The correction of misappraisals could give way to a negotiation of shared definitions of acceptable and unacceptable behaviours in the host society in the family unit if the parent in the family is receptive to such negotiation.

Taylor, Kemeny, Reed, Bower, and Gruenewald (2000) report that even if positive illusions are later disconfirmed by evidence, the people who hold them are no worse off in terms of mental health outcomes than those with realistic perceptions of their situations. Therefore, it appears best to assess the impact that underestimation of acculturation disparity is having on a particular adolescent and the possible consequences of correcting the misappraisal, taking into account the characteristics and potential reactions of the parent before intervening. Furthermore, since the mental health benefit for parents may occur from overestimating acculturation disparity, the consequences of informing the parent of the accurate degree of disparity in the family unit in terms of possibly reducing perceived parenting efficacy must also be examined and balanced with the consequences for the adolescent in making a decision about whether or not to intervene. Discussions should ensue with each individual family member prior to deciding whether to share the fact that they are underestimating or overestimating the intergenerational gap and implementing any interventions. It seems reasonable to allow positive illusions to be preserved if correcting them would lead to interference in the development of a consolidated identity among adolescents, and in mastery of the childrearing process for parents.

Directions for Future Research

The results of the present study suggest that there are often discrepancies between the perceived and actual levels of parent-adolescent acculturation disparity in Hispanic refugee families, and that perceived acculturation disparity is related to mental health status. Further research with larger samples that includes members of different ethnic groups is needed to establish both the internal and external validity of these findings. Future research should also attempt to determine if adolescents' underestimations of parent-adolescent acculturation disparity are in fact self-correcting, as well as if correction of positive illusions results in positive or negative outcomes for the individual family member and the family as a whole. These endeavors would be most effective if a focus on depression is embedded within general studies of refugee adjustment, if multiple methods of questionnaire administration or data collection are used, and if researchers make allowances for some flexibility in the time frame for study implementation.

Studies including the consequences of parent-adolescent acculturation disparity as predictors of depression would be useful in substantiating the link between family acculturation patterns and psychological symptoms. Among refugees, premigration factors should also likely be considered. In addition, future research should examine the effectiveness of the cognitive-behavioural interventions described in correcting misappraisals of family acculturation disparity and in reducing depression levels when both parents and adolescents have negative cognitive distortions. Such studies would become very important if the findings of this study are borne out by large-scale research. The research directions outlined would significantly enhance our understanding of the factors that contribute to the development and maintenance of depressive symptoms among refugee parents and adolescents. They could also shed light on one part of a multicomponent primary prevention and treatment strategy for families whose overall stress profiles place them at risk for negative mental health outcomes.

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APPENDIX A

(STUDY DESCRIPTION)

WHAT THIS STUDY IS ABOUT

Parents and teenagers from other countries sometimes disagree about how much they should become like Canadians after they have moved to Canada. My name is Noorfarah Merali and I am a student at the University of Alberta. I am doing some research to find out if differences between what parents and teenagers think of Canadian-like teenager behaviours affect their mood, how they feel about themselves, their sleep, appetite, and other parts of their personal health. I also want to find out if having people to go to for support can help when parents and teenagers disagree about being like Canadians. The study will help me to make some programs to help families from other countries.

Parents and teenagers who agree to take part in this study will be asked to fill out some forms about what they think of Canadian-like teenager behaviours, their personal health, support, and their family background. The forms will be filled out in a group and will take about 1 and a half hours to do. Someone who speaks your language will be there to answer any questions that come up. Teenagers' answers to the forms will not be shared with parents' and parents' answers will not be shared with their teens' because they are private.

The study will be going on at ______________(school or agency) on ______________(day/date) at ____________(time).

(DESCRIPCIÓN DEL ESTUDIO)

DE QUÉ SE TRATA ESTE ESTUDIO

Los padres y los jóvenes de otros países a veces no se ponen de acuerdo sobre cuánto tendrían que adoptar la forma de ser de los canadienses después de haberse mudado a Canadá. Mi nombre es Noorfarah Merali y soy estudiante de la Universidad de Alberta. Estoy haciendo una investigación para descubrir si las diferencias que existen en el modo de pensar entre los padres y sus hijos adolescentes sobre el comportamiento típico de un adolescente canadiense afectan sus estados de ánimo, su concepto de a si mismos, el sueño, su apetito, y otros aspectos de su salud personal. También quiero saber si el hecho de contar con personas a quienes se puede recurrir pueden ayudar cuando los padres y sus hijos adolescentes no se ponen de acuerdo en ser como los canadienses. El estudio me ayudará a elaborar algunos programas para ayudar a familias de otros países.

Los padres y los adolescentes que deseen participar en este estudio deberán completar algunos formularios, indicando sus opiniones referentes a las conductas de adolescentes canadienses, su salud personal, apoyo, y antecedentes familiares. Los formularios serán completados en grupo, y tomará aproximadamente una hora y media para hacerlo. Aquí encontrará alguien que habla su idioma, quien podrá contestarle cualquier pregunta que tenga sobre el tema. Las respuestas provistas por los adolescentes en los formularios no les serán comunicadas a sus padres, ni tampoco las respuestas provistas por los padres les serán comunicadas a sus hijos adolescentes, porque las mismas son de carácter privado.

El estudio tendrá lugar en ______________________________, el día

______________________________, a las ______________________________horas.

APPENDIX B

Name ______________________________ Sex: M___ F___

Age: ____________ Nationality: __________________

Parent or Teenager: _________________________

BEHAVIOUR QUESTIONNAIRE

Please circle how acceptable or unacceptable you think the following behaviours are.

	What You Think	What Your Parent or Teen Thinks
	Unacceptable Acceptable	Unacceptable Acceptable
1. Speaking English in the home.	1 2 3 4 5	1 2 3 4 5
2. Eating English foods at home.	1 2 3 4 5	1 2 3 4 5
3. Watching English movies and TV shows.	1 2 3 4 5	1 2 3 4 5
4. Changing names so that they sound more Canadian.	1 2 3 4 5	1 2 3 4 5
5. Celebrating Canadian and Western holidays and festivals.	1 2 3 4 5	1 2 3 4 5
6. Dressing like Canadian teenagers.	1 2 3 4 5	1 2 3 4 5
7. Constantly comparing one's own possessions tothose of others.	1 2 3 4 5	1 2 3 4 5
8. Hanging out with Canadian teens.	1 2 3 4 5	1 2 3 4 5
9. Having friends of the opposite sex.	1 2 3 4 5	1 2 3 4 5
10. Going to the homes of Canadian friends.	1 2 3 4 5	1 2 3 4 5
11. Going to the homes of friends from one's country of origin.	1 2 3 4 5	[illegible] 2 3 [illegible]
12. Sleeping over at friend's houses.	1 2 3 4 5	1 2 3 4 5
13. Spending more time with friends than with family.	1 2 3 4 5	1 2 3 4 5

	What You Think Unacceptable Acceptable	What Your Parent or Teen Thinks Unacceptable Acceptable
14. Going out at night.	1 2 3 4 5	1 2 3 4 5
15. Staying out late at night.	1 2 3 4 5	1 2 3 4 5
16. Going to night clubs/youth clubs/ dances.	1 2 3 4 5	1 2 3 4 5
17. Going to parties.	1 2 3 4 5	1 2 3 4 5
18. Dating	1 2 3 4 5	1 2 3 4 5
19. Dating teens from other groups.	1 2 3 4 5	1 2 3 4 5
20. Telling one's parents that they are old fashioned.	1 2 3 4 5	1 2 3 4 5
21. Talking back to parents.	1 2 3 4 5	1 2 3 4 5
22. Talking back to other relatives like extended family members.	1 2 3 4 5	1 2 3 4 5
23. Talking about sexuality.	1 2 3 4 5	1 2 3 4 5
24. Moving out on one's own.	1 2 3 4 5	1 2 3 4 5

Nombre____________________________ **Sexo: M**_____ **F**_____

Edad: ____________________ **Nacionalidad:** ____________________

Padre, Madre o Adolescente: ____________________________

CUESTIONARIO DE COMPORTAMIENTO

Por favor marque usted con un circulo alrededor del numero que usted considere más aceptable o inaceptable en el comportamiénto de los jovenes adolescentes

	¿Qué piensa usted?	¿Qué piensan sus padres o hijos adolescentes?
	Inaceptable Aceptable	Inaceptable Aceptable
1. Hablar inglès en casa.	1 2 3 4 5	1 2 3 4 5
2. Comer comida norteamericana en casa.	1 2 3 4 5	1 2 3 4 5
3. Mirar películas y programas de televisión en inglès.	1 2 3 4 5	1 2 3 4 5
4. Cambiarse de nombres para que suenen más canadienses.	1 2 3 4 5	1 2 3 4 5
5. Celebrar días festivos y festivales canadienses y del oeste.	1 2 3 4 5	1 2 3 4 5
6. Vestirse como los adolescentes canadienses.	1 2 3 4 5	1 2 3 4 5
7. Constantemente comparar lo que uno tiene con lo que tienen los demás.	1 2 3 4 5	1 2 3 4 5
8. Estar siempre con adolescentes canadienses.	1 2 3 4 5	1 2 3 4 5
9. Tener amistad con personas del sexo opuesto.	1 2 3 4 5	1 2 3 4 5
10. Ir a los hogares de amigos canadienses.	1 2 3 4 5	1 2 3 4 5
11. Ir a los hogares de amigos del mismo país de origen.	1 2 3 4 5	1 2 3 4 5
12. Dormir en casa de los amigos	1 2 3 4 5	1 2 3 4 5
13. Pasar más tiempo con las amistades que con la familia	1 2 3 4 5	1 2 3 4 5

	¿Qué piensa usted?	¿Qué piensan sus padres o hijos adolescentes?
	Inaceptable Aceptable	Inaceptable Aceptable
14. Salir de noche	1 2 3 4 5	1 2 3 4 5
15.Llegar a casa a altas horas de la noche.	1 2 3 4 5	1 2 3 4 5
16.Salir a club nocturnos, discotecas, bailes/ clubs para jovenes	1 2 3 4 5	1 2 3 4 5
17. Salir a fiestas	1 2 3 4 5	1 2 3 4 5
18. Salir con personas del sexo opuesto	1 2 3 4 5	1 2 3 4 5
19.Salir con adolescentes del sexo opuesto, de diferente grupo	1 2 3 4 5	1 2 3 4 5
20. Decirles a los padres que son anticuados.	1 2 3 4 5	1 2 3 4 5
21. Contestarles mal a los padres.	1 2 3 4 5	1 2 3 4 5
22. Contestarles mal a los parientes u otros familiares.	1 2 3 4 5	1 2 3 4 5
23. Hablar del sexo	1 2 3 4 5	1 2 3 4 5
24. Irse a vivir solo/a	1 2 3 4 5	1 2 3 4 5

APPENDIX C

SUPPORT

This form is only about people who are not part of your family. Please write down the first names of the people you can go to if you wanted to talk about something important or needed help with a problem in the blanks. Then circle how often you see that person, and how happy you are with the person's help.

A) PEOPLE FROM YOUR OWN CULTURAL GROUP

	How often do you see him/her?				How Happy Are You?				
	Every Year			Every Day	Not Happy				Very Happy
1____________	1	2	3	4	1	2	3	4	5
2____________	1	2	3	4	1	2	3	4	5
3____________	1	2	3	4	1	2	3	4	5
4____________	1	2	3	4	1	2	3	4	5
5____________	1	2	3	4	1	2	3	4	5
6____________	1	2	3	4	1	2	3	4	5
7____________	1	2	3	4	1	2	3	4	5
8____________	1	2	3	4	1	2	3	4	5
9____________	1	2	3	4	1	2	3	4	5
10____________	1	2	3	4	1	2	3	4	5

How happy are you with the number of people you can go to for help from your own cultural group?

Not Happy Very Happy
1 2 3 4 5

B) CANADIANS OR PEOPLE FROM OTHER CULTURES

	How often do you see him/her?				How Happy Are You?				
	Every Year			Every Day	Not Happy				Very Happy
1____________	1	2	3	4	1	2	3	4	5
2____________	1	2	3	4	1	2	3	4	5
3____________	1	2	3	4	1	2	3	4	5
4____________	1	2	3	4	1	2	3	4	5

B) CANADIANS OR PEOPLE FROM OTHER CULTURES CONTINUED

	How often do you see him/her?				How Happy Are You?				
	Every Year			Every Day	Not Happy				Very Happy
5________________	1	2	3	4	1	2	3	4	5
6________________	1	2	3	4	1	2	3	4	5
7________________	1	2	3	4	1	2	3	4	5
8________________	1	2	3	4	1	2	3	4	5
9________________	1	2	3	4	1	2	3	4	5
10_______________	1	2	3	4	1	2	3	4	5

How happy are you with the number of people you can go to from other cultures for help?

Not Happy   Very Happy
1   2   3   4   5

How happy are you with the total number of people from both your own culture and other cultures that you can go to for help?

Not Happy   Very Happy
1   2   3   4   5

APOYO

Este formulario es únicamente para indicar las personas que no pertenecen a su familia. Por favor, escriba en los espacios en blanco el primer nombre de las personas a quienes usted podría recurrir si tuviera algo importante para conversar o necesitara ayuda con relación a un problema. Luego, marque con un círculo con cuánta frecuencia usted va a ver a esa persona, y cuán feliz usted se siente al recibir la ayuda de dicha persona.

A) PERSONAS DE SU PROPIO GRUPO CULTURAL

		¿Cada cuándo usted lo/la ve?				**¿Qué tan feliz es usted?**				
		Cada año			**Cada día**	**Infeliz**				**Muy feliz**
1	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
2	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
3	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
4	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
5	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
6	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
7	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
8	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
9	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**
10	____________________	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**5**

¿Qué tan feliz se siente usted con las personas de su propio grupo cultural, a quienes puede recurrir por ayuda?

Infeliz Muy feliz
1 2 3 4 5

B) CANADIENSES O PERSONAS DE OTRAS CULTURAS

		¿Cada cuándo usted lo/la ve?				¿Qué tan feliz es usted?				
		Cada año			Cada día	Infeliz				Muy feliz
1	____________	1	2	3	4	1	2	3	4	5
2	____________	1	2	3	4	1	2	3	4	5
3	____________	1	2	3	4	1	2	3	4	5
4	____________	1	2	3	4	1	2	3	4	5
5	____________	1	2	3	4	1	2	3	4	5
6	____________	1	2	3	4	1	2	3	4	5
7	____________	1	2	3	4	1	2	3	4	5
8	____________	1	2	3	4	1	2	3	4	5
9	____________	1	2	3	4	1	2	3	4	5
10	____________	1	2	3	4	1	2	3	4	5

¿Qué tan feliz se siente usted con las personas de otras culturas a quienes puede recurrir por ayuda?

Infeliz				Muy feliz
1	2	3	4	5

¿Qué tan feliz se siente usted con las personas, tanto de su propia cultura como de otras culturas, a quienes puede recurrir por ayuda?

Infeliz				Muy feliz
1	2	3	4	5

APPENDIX D

INFORMATION FORM

Name: ______________________ **Phone Number** __________

Address: ______________________________________

Postal Code: ____________

Age: ______

Sex - Please circle:
1 Male
2 Female

Marital Status - Please circle:
1 Married
2 Divorced (Separated)
3 Widowed
4 Single

How long have you been in Canada? ________________________

Which country are you from? ___________________________

Immigration Status - Please Circle:
1 Independent
2 Family Class
3 Refugee

How many years of school did you finish? __________

Job Status - Please Circle:
1 Working Full-Time as: ________________
2 Working Part-Time as: ________________
3 Unemployed
4 Student

Number of people in your family ____
Number of children ____
Number of Teenagers ____

Name of each family member	Relationship (i.e. son, daughter, husband, wife)	Age

FORMULARIO

Nombre y Apellido: ______________________________ Teléfono: ____________________

Dirección: ____

Código Postal: ______________________

Edad: ______________________

Género - Por favor marque con
un circulo el número apropiado:
1 Masculino
2 Femenino

Estado Civil - Por favor marque con
un circulo el número apropiado
1 Casado/a
2 Divorciado/a (separado/a)
3 Viudo/a
4 Soltero/a

¿Cuánto tiempo tiene de vivir en Canadá? ______________________________

¿Cuál es su pais de origen? ______________________________________

Clase Migratoria - Por favor marque con
un circulo el número apropiado:
1 Independiente
2 Esponsorado por su Familia
3 Asilado Político (Refugee)

¿Cuántos años de estudio ha terminado usted? __________

Situación de Empleo - Por favor marque con un circulo
el número apropiado
1. Trabajo tiempo completo como: ____________________
2. Trabajo medio tiempo como: ____________________
3. Estoy desempleado
4. Soy estudiante

Número de personas en su familia ____
Número de niños/as ____
Número de adolescentes ____

Nombre de cada miembro de su familia	Relación familiar (i.e.hijo, hija, esposo, esposa)	Edad

APPENDIX E
(INFORMED CONSENT FORM)

AGREEMENT TO PARTICIPATE

I agree to take part in the study being done by Noorfarah Merali under Dr. Len Stewin at the University of Alberta. The study is about how differences between what parents and teenagers from other countries think about being like Canadians affect their mood, how they feel about themselves, their appetite, sleep and other parts of their personal health. It will help the researcher to make programs to help families from other countries.

I know that being in this study means the following things: I will be asked to fill out some forms about Canadian-like teenager behaviours, my personal health, support, and my family background. It will take me about an hour and a half to fill out the forms and I will do them in a group. If I have not thought about differences between what I and my parents or teenager(s) think about Canadian-like teenager behaviours, I may feel some stress. I know that I can get some help if I let the person who is helping me fill out the forms know what is happening.

I know that it is up to me whether I want to be in this study or not, and that I can drop out of the study at any time without any questions or problems. My answers to the forms will be private and nobody will be able to know that they are mine after the study is over because the researcher will put a number on them. If I have a bad mood or have trouble sleeping, concentrating, etc. then the person who is helping me with the forms may phone me to give me the name of a doctor I can go to for help. If I don't want to go to the doctor I don't have to, everything is up to me.

I have been told that when the study is done, only the group results will be shared with other researchers.

I understand that if I have any questions about this study I can call Noorfarah Merali at [illegible] if I can speak English. If I want to speak to someone in my own language, I can talk to the person helping me with the forms.

Name ____________________________

Signature ________________________

Parent's Signature (for teenagers only)______________________________

Date ________________ Signature of the Researcher ________________

ACUERDO DE PARTICIPACIÓN EN EL ESTUDIO

Estoy de acuerdo en participar en el estudio realizado por Noorfarah Merali, bajo la dirección del Dr. Len Stewin de la Universidad de Alberta. El estudio versa sobre cómo afectan las diferencias de opinión entre padres e hijos adolescentes de otros países, al tratar de ser como los canadienses, como afectan sus estados anímicos, que conceptos forman de si mismos, el apetito, el sueño y otros aspectos de su salud personal. El estudio ayudará a la investigadora a desarrollar programas para ayudar a familias de otros países.

Sé que la participación a este estudio significa lo siguiente: se me solicitará completar algunos formularios sobre conductas adolescentes canadienses, mi salud personal, apoyo, y mis antecedentes familiares. Me llevará aproximadamente una hora y media para completar los formularios, lo cual haré en grupo. Si no he pensado sobre ninguna diferencia entre lo que yo, mis padres o hijos adolescentes piensan sobre las conductas adolescentes canadienses, me sentiré tensionado. Sé que la persona que me ayuda a completar los formularios me puede ayudar si le informo lo que está sucediendo.

Sé que depende de mí si quiero o no participar en este estudio y que puedo dejar de participar en el estudio en cualquier momento, sin tener que responder a preguntas o sin que surjan problemas. Mis respuestas escritas en los formularios serán de carácter privado y nadie podrá saber que son mis respuestas, inclusive después de finalizado el estudio, porque la investigadora pondrá un número en ellos. Si estoy de mal humor o tengo problemas para dormir, concentrarme, etc., entonces la persona que me ayude con los formularios puede llamarme por teléfono para darme el nombre de un doctor al cual puedo ir por ayuda. Si no quiero ir al doctor, no tengo que hacerlo, todo será mi decisión.

Se me ha informado que cuando finalice el estudio, sólo los resultados del grupo serán compartidos con otros investigadores.

Entiendo que si tengo alguna pregunta sobre este estudio, puedo llamar a Noorfarah Merali, al número 1-403-492-5245, si puedo hablar en inglés. Si deseo hablar con alguien en mi propio idioma, entonces puedo llamar a la persona que me ayude con los formularios.

Nombre ______________________________

Firma ______________________________

Firma del padre o madre
(para adolescentes solamente) ______________________________

Fecha ____________________ Firma de la investigadora ____________________